1 - FOR STATE REGISTRAR

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RECORDS, P.O.	AN: The law requires that the death
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P	PHYSIC
IVISION OF VITAL	OR ATTENDING PHYSICIAN
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	4. SOCIAL SECURITY NUMBER 242-07-5131	5. SEX 6. AG	GE (In yrs. last birthday) 7 7 YRS.	MONTHS DAY		7. DATE OF BIRTH	2	SOUNTRY) MD
~	80. FACILITY NAME (If not Institution, give BON SECEL	e street and number)	'-a.		N OR LOCATION OF D		9c. COUNTY	
101	RESIDENCE OF DECEDENT	R3 CHOSPI	1/7-6	PA	LLD'un	ONE	C .	19
DIRECTOR	10a. STATE 10b. COUN	NTY		ry, town on Lo altimo				10d. INSIDE
ERAL	100. STREET AND NUMBER 608 Archer S	t			21230		USA	OF WHAT COUNTR
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 THO	If yes,	DECENDENT OF HISPAI , apacity Cuban, Maxica YES 2 NO Specific			RACE — American Black, White, etc. Specify: Bla
E	15. DECEDENT'S Et (Specify only highest gra	DUCATION ade completed)	18a. DECEDENT'S	B USUAL OCCUP work done during use retired.)	ATION most of working	166. KIND OF BU	SINESS/INDUST	RY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		sht ch		truck	ino	
COMPL	17. FATHER'S NAME (First, Middle, Lest)		11018	5110 011		ME (First, Middle, Maiden		
ш	Charlie Harr	ison McNei	1			a Gordon		
TO B	19a. INFORMANT'S NAME (Type/Print)	. 1				Floute Number, City or Tox		
-	Rose Lee Mcn					lto., MD		
	20er METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE OF DISPO pther place) Wester	n Star	cemetery, cremetory or		CATION - City	or Town, State 11e, M.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				mpson F.		
1	H Marrier	e V- B1	M			mpson F.). Box
	disease or condition resulting in desth)	a. adeu	O COU CO	MAN	na s	Stoma	ch	
ERTIFICATION		a. Oden DUE TO (OR A DUE TO (OR A CLUM DUE TO (OR A CLUM DUE TO (OR A C. Ostu	AS A CONSEQUENCE O	Pin a	na s ma engst Blu	Stoma Peripa elina edina	anere	atie 7
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR A DUE TO (OR A d. Gostia done contributing to death	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	tival	Blu	eding Part I. 24a. WAS AI	N AUTOPSY RMED?	
AN: MEDICAL CERTIFI	PART II. Other algnificant conditions. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A COLUMN DUE TO (OR A d. Gostu Iona contributing to death The ase Column HOSPITAL:	AS A CONSEQUENCE OF A CONSEQUENCE OF MULLS The but not resulting the supplies of the supplies	The line the underly of the last of the la	Bluying cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant conditions CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions CAUSE PART III.	DUE TO (OR A C. DUE TO (OR A d. Gostia done contributing to death C. DUE HOSPITAL: 1 Pinpatlent 2 ERVC (Month, Dey, Yea	AS A CONSEQUENCE OF A C	OTHER: 4 Nursing I	Blught Blughing cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant conditions. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. CAUSE (Disease or injury that injury that initiated events resulting in death) LAST	DUE TO (OR A C. DUE TO (OR A d. G O'S LIVE LONG CONTRIBUTION TO GOAL HOSPITAL: 1 Pinpetlent 2 = ER/C 28e. DATE OF INJU building, etc. (5)	AS A CONSEQUENCE OF A C	OTHER: 4 Mursing I	ying cause given in PLACE OF DEATH (C/ Home 8 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 NO INJURY OCCURI	24b. WERE AUTOP ANALABLE P COMPLETION OF DEATH? 1 YES 2
IPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the	DUE TO (OR A C. DUE TO (OR A d. G O'S LIVE LONG CONTRIBUTION TO GOAL HOSPITAL: 1 Pinpetlent 2 = ER/C 28e. DATE OF INJU building, etc. (5)	AS A CONSEQUENCE OF A C	OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	ying cause given in S. PLACE OF DEATH (C/ Home 8 Residence INJURY AT WORK? YES 2 NO office	Part I. 24a. WAS AI PERFO 1 YES Ching Perfo 1 YES Ching Perfo 1 YES Ching Perfo 1 YES Ching Perfo 1 YES 28t. LOCATION (Street City or Town, State In to the cause(a) and many performance in th	N AUTOPSY RMED? 2 NO INJURY OCCURI	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condition of the cause of the caus	DUE TO (OR A C. DUE TO (OR A d. Gostia dona contributing to death HOSPITAL: 1 Pinpetlant 2 ER/C 28e. DATE OF INJUE (Month, Dey, Yea 28e. PLACE OF INJUE building, etc. (5) YSICIAN: To the best of my kr	AS A CONSEQUENCE OF A C	OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	ying cause given in S. PLACE OF DEATH (C/ Home 8 Residence HAJURY AT WORK? YES 2 NO office date and piece, and due n, death occured at the	Part I. 24a. WAS AI PERFO 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Yown, State Line the cause(a) and mattime, date and place, a	N AUTOPSY RMED? 2 NO INJURY OCCURI	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27001

REGISTRAR			CERTIF	CALE	OF I	DEAL	н	REG	. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	A AKA W	7illian	n C Ma	arrio	++			2. DATE OF DEA MONTH	DAY	YEAR 1990	3. TIME 0	
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER 1		IF UNDER	04 1400	7. DATE OF BIRT			HPLACE (Sta	
213-05-9493	1 M 2 □ F	81	YRS.			HOURA	MIN.	09/08/	09	Count		
9a. FACILITY NAME (if not institution, give a	treet and number)			9b. CITY, T	TOWN OF	R LOCATION	ON OF DE	ATH	9c.	COUNTY OF C	DEATH	
Francis Scott Ke	Francis Scott Key Hospital				Baltimore Baltimore							
100. STATE 10b. COUNT	Y		10c, CITY	Y, TOWN OR	LOCATIO	ON					10d. INSIG	DE CITY
- 1	imore			Lansd	owne	9						2 X NO
10e. STREET AND NUMBER					101.	ZIP CODI	E		10g	. CITIZEN OF	WHAT COUR	ITRY?
100. STREET AND NUMBER 101 First Avenue 11. Marital Status 1 Never Married 2 Married					\perp	212				USA		
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED NO					NC ORIGIN? (Specin, Puerto Rican, e			E — Americ ck, White, et	
3 Widowed 4 Divorced	IF YES, GIVE W	ar or dates 2-1934					Specify			Spec	whit	ce
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a.	OECEDENT'S (Give kind of v	USUAL OCC	CUPATION	N t of workin	10	16b, KIND (OF BUSINES	S/INDUSTRY		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)							m »			
<u> </u>		I.	Mainta	ncanc	e	40 4407	uemio Ma		TA		_	
								ME (First, Middle, I	ивісел Suma	ime)		
Walter Marriott 198. INFORMANT'S NAME (Type/Print)			105 12411 1110	ADDRESS	(Step et s		d	Childs Route Number, City	or Burn Can	to Zin Codel		
Elsie S. Marriot	t							nsdowne,			21227	
200. METHOD OF DISPOSITION		20h Pl A	ICE OF DISPOS				_			N City or T		
1 V Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	Mea	adowric	dge M	emo	rial	Par	:k		ey, Ma		nd
21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY											
Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road, Arbutus, Md. 21												
	disease or condition \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					erval Betwee						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A CON										
PART II. Other eignificent condition	na contributing to	death but n	ot resulting	in the uno	derlying	csuse	given in		MAS AN AUTO PERFORMED YES 2	17	COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO TON OF CAUSE 17
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF	DEATH (C	heck only one)				
1 VES 2 NO	1 Inpatient 2	ER/Outpatien	of 3 □ DOA	-	ing Hom		lealdence	6 Other (Spec	*	TV OCCUPED		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, E			JURY M	WO	RK?	□ NO	28d. DEŞCRIBE	HOW INJUI	NY OCCUMED		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — A etc. (Specify)	At home, farm,	street, facto	ory, office			28f. LOCATION City or Town		Number or Rura	l Route Num	ber,
299. CERTIFIER , CENTIFYING PHY: (Check one) 2 MEDICAL EXAMIN	SICIAN: To the best of										e(s) and mar	nner as stated.
29b. SIGNATURE AND TURLE OF CERTIFE	ER ()	1	h			29c. LIC	CENSE NU	IMBER	29	d. DATE SIGNI	ED (Month, D	lay, Ybar)
	WY.	125	27 W	an		I	27	384		60	+ 2	1990
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)								
31. DATE FILED (Month; Day, Year)	32. REGISTRA	AR'S SIGNATU	RE									
OCT 4 1990 ful	ia Savidson	Bondall										
1001 2 1000	- Han taken											DHMH-16 Rev

permit, Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremition, or removal.

IMPORTANT: If IAM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPA REGISTRAR Inez Phillips CERTIF	RTMENT OF HEALTH AND N FICATE OF DEATH	MENTAL HYGIENE 31	0 2/003
	1. DECEDENT'S NAME (First, Middle, Last) PhOLLIPS		10 2 9	2. TIME OF DEATH,
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) Centucky
TOR	SAINTSORPH HOSPITAL RESIDENCE OF DECEDENT	86. CITY, TOWN OR LOCATION OF DE	ATH BA	Lti MOPE
DIRECTOR		ESSEX		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	10f. ZIP CODE	2415	OF WHAT COUNTRY?
FUNERAL	1018 Middlesex Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21221 13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yee or No. 14.	J.S.A. RACE — American Indian, Black, White, atc.
∤ <u>a</u>	1 Never Married 2 Merried 3 M Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexices 1 YES 2XXNO Specify		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) HOUSE!	'S USUAL OCCUPATION of work done during most of working use retired.)	186. KIND OF BUSINESS/INDUS	TRY
COM	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Meiden Surneme)	
8	Isac Sexton 190. INFORMANT'S NAME (Type/Print) 190. MAILIN	NG ADDRESS (Street and Number or Rural f		Liams ode)
2		Middlesex Road B		
	1 Burial 2 Cremetion 3 Removal from State other place)	dge Cemetery	Howard Cou	y or Town, State inty, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		1407 Eastern Ave
	23. PART /. Enter the diseases, or complications that caused the deeth. Do shock, or heart feliure. List only one cause on each line.			
	IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)			Onset and Death
Z	DUE TO (OR AS A CONSEQUENCE	: OF):		2-3200
ATIO	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING	OF):		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OF):		
CAL	PART II. Other significent conditions contributing to death but not resulting		Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDI	hoopisisism de	mention	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	eck only one)	
YSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. 1			
ВУ РН	2 Accident Investigation	TIME OF 1NJURY AT WORK? M 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCUI	RED
. 1	1 286, PLACE OF INJURY — At home, farm	m, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investign			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER 29d. DATE S	BIGNED (Month, Day, Wer)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (To	Sype, Print) St. Jos.	eBris Itos	B: two
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE This Day door handel	4	usu al	
	11: 114 1330 300000000000000000000000000000			

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within zer mours after death. Page 6 may be retained by the host	F FUNERAL DIRECTOR: After this certificate has been somed by the art of the compact of the fine to the funeral director, page 5 should be detached within 72 hours after death with the State Dept.	RTANT: It item 28 is marked, or item 23 shows any injury or management cevent, the medical examiner must be notified at once.	
ormicam be sensorted	the price barial,	man framelic e	
requires that the deap co	been signed to the art acts t. of Health and Menta tyc	shows any injury, or	
TENDING PHYSICIAN: The law	OR: After this certificate has fler death with the State Dept	18 is marked, or item 23	
HOSPITAL OR AT	FUNERAL DIRECT	RTANT: It item 2	

1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		1 21004
1. DECEDENT'S NAME (First, Middle, Last) BARRY ROBINSON				2. DATE OF DEATH	29 9	EAR 0900 FM
4. SOCIAL SECURITY NUMBER 217-78-8203	1 💢 M 2 🗆 F 2	in yrs. lest birthdey) IF UN 9 YRS. MONTI	DER 1 YEAR IF UNDER 24 HRS. 16 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dwy, Year) 4 - 4 - 61	0.	BIRTHPLACE (State or Foreign Country) M D
9s. FACILITY NAME (If not institution, give s UNION MEMORIAL HOS RESIDENCE OF DECEDENT			TTY, TOWN OR LOCATION OF	DEATN	9c. COUNTY	OF DEATN
10s. STATE 10b. COUNTY	r		TIMORE, CIT	- Y		10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 2926 THE AL	AMEDA		10f. ZIP CODE 21218	3		JSA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 YES 2 NO Specify	can, Puerto Rican, etc.)	Yes or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 1 0 t h	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working ad.)	18b. KIND OF B	DUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Lest) CHARLES ROBIN		A010 M		NAME (First, Middle, Meid		
JUANITA ROB		2926 TI	NESS (Street and Number or Run HE ALAMEDA -	BALTIMOR		
20s. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation S Other (Specify)	B B	ATTIMORE		В	ALTIMO	RE, MD.
21. SIGNATURE OF FUNERAL SERVICE LIE	PARE		WM.C. MARC		101 E.	NORTH AVE.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C		foodinto	the track	eobm	Interval Between Onset and Death
PART II. Other algnificant condition	e contributing to death b	out not resulting in the	underlying cause given	PERF	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	LOT	26. PLACE OF DEATH (Check only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA 4 D	Nursing Nome 5 - Residence		W IN HIER COOK	250
1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NO	m moont occul	neo .
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, street, clly)	factory, office	28f. LOCATION (Stre City or Town, Str	et and Number or ale)	Rural Route Number,
one)	ICIAN: To the best of my know ER: On the basis of examination					cause(s) and manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIE	n cosos M	. D	29c. LICENSE N		▶9-	BIGNED (Month, Day, Year) 30-90
30. NAME AND ADDRESS OF PERSON WE CARLOS M.	ORBEGO	EATH (ITEM 27) (Type, Print)	UNI	ON ME	MORIA	AL HOSPITAL
31. DATE FINEDHMONTH, Day, Moor) 9 - SIRF 1 D 1990	ORBEGO 32 PEGISTRUS SIGN Julia Davidos	n-Randell				

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dump centering the procured	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the unreason phosps. In the be filed within 72 hours after death with the State Dept. of Health and Mental High and the transfer.
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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMEN			MENTAL HYGIENI REG. NO.	90	27005
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH DA	Y YEAF	3. TIME OF DEATH
	DAVID TO:	Sonh Rem	instan			10		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	- MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	Maryland Maryland
œ	90. FACILITY NAME (If not institution, give s Stella Maris Hos	treet and number)	9b. CIT	TY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	2200		LOWSO			Dartin	pre
5	10a. STATE 10b. COUNT	1	10c. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland			Balti	more City			1 X YES 2 NO
34	10e. STREET AND NUMBER			101.	ZIP CODE		19g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	2502 Wildpark Avenue	12. WAS DECEDENT EVER IN U	10 10450	W#0 DEC	2123	•	N- 44.5	USA ACE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO		cify Cuben, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, etc. poolly:
60	15. DECEDENT'S EDU (Specify only highest grade	CATION 1	16a. DECEDENT'S USUAL (Give kind of work done	OCCUPATIO	N et of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.	.)	a or working			
MP	6 17. FATHER'S NAME (First, Middle, Last)		Mechanic			ME (First, Middle, Maiden	ice Inspe	ections
	David Remington				Mary Fi		Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street m		Route Number, City or Town	n, State, Zip Code)	
2	Miss Mary P. Remingtor	1	3306 Ailsa	Avenu	e Baltim	pore, Maryland	d 21214	
	20s. METHOD OF DISPOSITION	20b. F	PLACE OF DISPOSITION (I				CATION - City or	Town, State
	1V Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21, SIGNATURE OF PURE PURE DESCRIPTION OF PURE PURE PURE PURE PURE PURE PURE PURE		rkwood Cemete			Bal:	timore Ma	ryland
	21. SIGNATURE OF PUREFUL INSWINGE I	1 Auch			J. RUCK	Inc. 5305 Hai	rford Roa	d 21214
	23. PART I. Enter the diseases, or	complications that ceused t	the death. Do not ente					Approximeta
	IMMEDIATE CAUSE (Finel	s. lung CAN						Onset and Death
	reading in county	DUE TO (OR AS A C	CONSEQUENCE OF):					
NO	Sequentially list conditions,	b. DUE TO (OR AS A C	CONSEQUENCE OF					
M	If any, leading to immediate cause. Enter UNDERLYING							
H.	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d,						
AL C	PART II. Other significant condition	na contributing to death but	t not resulting in the	underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC								1 U YES 2 116
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	ER:	ACE OF DEATH (Ch			
HYS	1 VES 2 AO	1 Inpatient 2 ER/Outpat	tient 3 DOA 4 N			8 Oother (Specify) H		
	1 Netural 6 Pending	(Month, Day, Year)	NJURY M	28c. INJ WO 1 🔲 1	PK?			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Specify	At home, farm, street, fo	actory, affic		28f, LOCATION (Street a City or Town, State)		rel Route Number,
	4 Homicide determined		,,			Oily or lown, state)		
COMPLETED	nne)	SICIAN: To the best of my knowle ER: On the bests of examination						se(e) and manner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	/ ^ .	derto)	29c. LICENSE NUI		29d. DATE SIGN	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI				D 21	007	- 101	3170
	Carla S. Alexande	er, M.D Ste	ella Maris	Hosp:	ice-Dula	ney Vallev	RdTo	wson 21204
	31. DATE FILED (Month, Day, Year)	3. DEGIS TARIS SIGNAT	Typendede					
	OCT 04 1990	June 1	-1-	7			900	

		CERT		_	DEATH		TAL HYGIE REG. N		90	27006
1. DECEDENT'S NAME (First, Middle, Lat	. M. a.	= RAN	Idas			M	ATE OF DEATH ONTH	DAY	YEAR 3.	I' LAP M
4. SOCIAL SECURITY NUMBER 079-24-8586	5. SEX 6. A	GE (In yrs. last birtho	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.		ATE OF BIRTH fonth, Day, Year)	1909	8. BIRTHPLA Country)	CE (State or Foreign
9s. FACILITY NAME (If not institution, gh	e street and number)	altee	9b, CIT	7	R LOCATION OF				JNTY OF DEAT	1
RESIDENCE OF DECEDENT 10e. STATE 10b. COU			. CITY, TOWN						100	I. INSIDE CITY
Maryland		1	Balti	more)				17%	LIMITS?
10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CIT	TIZEN OF WHAT	COUNTRY?
223 Winters	Lane 12. WAS DECEDENT EVI	ED IN ILE ADMED	1 49	WAS DECI	21228 ENDENT OF HIS	DANIC OF	HOM2 (Panelly)		J. S.	American Indian.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2 NO		If yes, spe	cify Cuben, Mex	Ican, Pus		48 OF 140—	Black, W Specify:	
15, DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	18a. DECEDE	NT'S USUAL of	OCCUPATIO	N at of working		16b. KIND OF E	USINESS/IN	IDUSTRY	DIGGI
Elementary/Secondary (0-12)	College (1-4 or 5+)	îife. Do N	OT use retired.)	•		Do	mest	cic	
17. FATHER'S NAME (First, Middle, Last)					4.41		irst, Middle, Maid	100,000,000		
Lloyd Randal	<u>T</u>	406 8441	I ING ADDRES	SS (Stand -	Min		era St			
Edna Harris					nd Number of Hui Road					28
20s METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 R		20b. PLACE OF DI							- City or Town,	
4 Donation 5 Other (Specify)		Arbutu	s Mer	mori	al Par	ck	Ba	ltim	ore C	o., MD
21, SIGNATURE OF FUNERAL SERVICE	Rolling	,	22	2001	d ADDRESS OF Gwyn Simore	ns	ralls	Park	neral way	Homes,
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Carel	on each lina.	lan .		lat			phatoly a		Approximate interval Between Onset and Death 2 Mon1
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUEN								
PART II. Other significant conditation of the condi	tracker	gestive	hear	t to	itue (us ul	ka	1 (YES	AN AUTOPSY ORMED? 2 NO	AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES
EXAMINER?	HOSPITAL:	/Outpetlant 3 🗆 D	ОТН	ER:	ACE OF DEATH					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJI (Month, Day, Y	JRY 28t	TIME OF INJURY	28c. INJ WO	URY AT PRICE 2 NO		. DESCRIBE HO	W INJURY O	CCURED	
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28a. PLACE OF IN- building, etc.	JURY — At home, f (Specify)	erm, street, fr	actory, offic	•	28f.	LOCATION (Stre City or Town, St		per or Rural Rout	e Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										nd manner as stated.
(Check only	miteria on the book of Exami				29c. LICENSE	NUMBER		29d, DA	ATE SIGNED (M	and Day Mari
(Check only		5			D	37	458	>	10/2	190
(Check only one) 2 MEDICAL EXAL	Wen 52	F DEATN (ITEM 27)	(Type, Print)		D	37	458	> /	10/2	190
(Check only one) 2 MEDICAL EXAM	Wen 52		(Type, Print)	÷	D	37	458	>	10/2	190

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RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		to the terminal and the most the many terms are able to descend the second to the second terms to the second terms and the second terms and the second terms are also as the second terms and the second terms are also as
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3	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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	1 - FOR STATE REGISTRAR	OF MARYLAND / DEP/ CERTI	ARTMENT OF H		MENTAL HYGIEN	E 90	27007
	1. DECEDENT'S NAME (First, Middle, Last) Ella Mae Rh	ames		•	2. DATE OF DEATH DO O O O O O O O O O O O O O O O O O O	1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 1	1920 Sc	outh Carolin
OR	Pa. FACILITY NAME (If not Institution, give street and number Meridian Nursing Ce			Randal	ath 1stown	Baltin	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	10e. (CITY, TOWN OR LOCA	non ltimore	City		10d. INSIDE CITY VLIMITS? 1 🖄 YES 2 🗌 NO
FUNERAL	2525 W. Belvedere	Inns	s of 10	21215		U.S.A	
BY FUN	11. MARITAL STATUS 12. WAS DE FORCES	CEDENT EVER IN U.S. ARMED 17 1 YES 2 NO GIVE WAR OR DATES	13. WAS OE		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Give kind Ille. Do NO	T'S USUAL OCCUPATI of work done during me T use retired.) Service	ost of worlding	U.S.	V.A. HO	spital
BE COM		ast Name Un		Eli	ME (First, Middle, Melden Zabeth	Mouzo	ne
10	Mrs. Delores Dougl				altimore		and 21207
	28e METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from St 4 Donation 8 Other (Specify)	ate 20b. PLACE OF DISI	Woodlaw			cation—cmy or to 1timore	CountyMD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	\a.tto	Nutt	er Fune	ral Home	s, Inc.	21216
	23. PART i. Enter the diseases, or complication shock, or heart failure. List only or						Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)) RONCHOPUR DUE TO (OR AS A CONSEQUENCI	Uroma		./		24 HPS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DE TO (OR AS A CONSCIUENCE LOOK & OS DUE TO (OR A) A CONSCIUENCE	perati	ensuf e	Trey .		3 year
CERTI	resulting in death) LAST	rebal va	escular	acaa	lert		Byeas
MEDICAL	PART II. Other aignificant conditions contributed the second contributed the second conditions of the second contributed the second contr				Part i. 24a. WAS AN PERPO! 1 YES :	RMED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	LACE OF DEATH (CH			
BY PHYS	27. MANNER OF DEATH 28s. C	ATE OF INJURY Jonth, Day, Year) 28b.	TIME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 28e. P	LACE OF INJURY — At home, far uliding, etc. (Specify)	rm, street, factory, off	ce	281. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be	best of my knowledge, death oc					(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER OS	Le miD.	ر - ا	3 - 16 0 9			D (Month, Day, Year) - 1 - 90
	30. NAME AND ADDITIESS OF PERSON WHO COMPLET		Type, Print)	4.5			
	00T 4 4000 "	EGISTRAR'S SIGNATURE					

1001.15

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ROBERT L. STEVENSON

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DIVISION	9
	ACSPITAL OR ATTENDING PHYSICIAN: The law requires that the dearn
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	ROBERT L	. STE	VENSON							10	/		96 3	45 4
ĺ	4. SOCIAL SECURITY NUM 216-30-0		5. SEX	8. AGE (In yr	rs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	U5-3	7 •	BIRTHPLACE Country)	
1	9a. FACILITY NAME (If not a			32	YHS.	9b. CITY	r, TOWN O	R LOCATI	ON OF DE		03-3. T		Y OF DEATH	U
CTOR	CHURCH H		AL CORP	ORAT	ION		BAI	LTI	10RE	CIT	Y			
<u> </u>	RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	ry, town	OR LOCAT	ION					10d. II	ISIDE CITY
DIRE	MD				BAI	TIM	ORE	CIT	'Y					MITS? /ES 2 NO
RAL	2914 E.		NT ST					ZIP COD 1205					USA	OUNTRY?
FUNE	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAN		(Specify Yea	or No— 1	4. RACE — Am	
B	1 Never Married 2 2 3 Widowed 4 Div		FORCES?				If yes, spe 1 TES			on, Puerto Ri y:	can, etc.)		Specify: B	LACK
E I		CEDENT'S EDI		18	e. DECEDENT'S (Give kind of life. Do NOT u	Work done	CCUPATIO	N st of worki	ng	16b.	(IND OF BUS	INESS/INOU	STRY	
PLET	Elementery/Secondary	(0-12)	College (1-4 or 5		CONST									
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)													
w I	ZACK STE	VENS	NC						INNI		HTIM			
0 8											MODE		. 212	0.6
	20e. METHOD OF DISPOSI	20b. PL	LACE OF DISPO					DALI			tty or Town, Sta			
	1 N Buriel 2 Cremet 4 Donation 5 Other		noval from State	G A	RRT'SO	N F	RES	TV	ET.	CEM.			MILLS	
	21. SIGNATURE OF FUNER	AL SERVICE	CENSEE	•		22	NAME AN	SHOOM OF	SS OF FA	CILITY				
	► Vanus	n	DAA			WN	1.C.	MA	RCH	F.H.	110	1 E.	NORT	H AVE
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in death) LA	ediate YING Jury	c. C	escal	ONSEQUENCE (e Me							
N: MEDICAL C	PART il. Other eignific	cant condition	ons contributing to	o death but	not reaulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AMAIL/ COMP OF DE	AUTOPSY FINDIN ABLE PRIOR TO LETION OF CAUSI ATH? YES 2 NO
	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			T		LACE OF 1	DEATH (C	heck only one)		1	
HYSICIA	1 YES 2 NO		1 mpatient 2		_		reing Hom		leeldence	8 🗆 Other				
0	= -	Pending investigation		Day, Year)	28b. TI	ME OF IJURY M		URY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW I	NJURY OCCI	URED	
ETED BY	2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE	OF INJURY	At home, farm,	, atreat, fe	ctory, offic	•			TION (Street of Town, State)	and Number o	or Rural Route N	umber,
COMPLE	CONDUM ONLY	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SICIAN: To the best of											nanner as stated
TO BE C	296 BHOMATURE AND TITE	LE OF CERTIFI	Min					29c. LIC	S964	IMBER		29d. DATE	SIGNED (Mont)	i, Day, Year)
-	30. NAME AND ADDRESS	Ala	N:	70) in (ma		Avei	lue	(shen	Byrn	1 1	10 210	61
	31. DATE FILED (Month, De	1990 A	Julia D	avidon-	Mandelle									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 27008

3. TIME OF DEATH

DHMH-18 Rev 1/89

YEAR

2. DATE OF DEATH DAY

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the	det	0
2	D De	a at
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he slud within 75 hours after death with the State hem of Health and Mental Homens prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (MONTH, 90).

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		NTAL HYGIEN	-) [27009			
	1. DECEDENT'S NAME (First, Middle, Last) AU BROOK SH	awn		,	2	DATE OF DEATH	v ve	3. TIME OF DEATH 5:19 P M			
	4. SOCIAL SECURITY NUMBER	S. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS F UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS				DATE OF BIRTH (Month, Day Year)	8. E	Country) ARYLAND			
TOR	98. FACILITY NAME (If not institution, give s UNIV. OF MD RESIDENCE OF DECEDENT	treet and number) 9b. CITY, TOWN OR LOCATION BALT (MO KE					OF DEATH 7 MORE				
DIRECTOR	10a. STATE 10b. COUNTY	TIMERE	TIMERE BALTMORE				10d. INSIDE CITY UMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 22 S. GREENE	101. ZIP CODE			. ZIP CODE		OF WHAT COUNTRY?				
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yea, specify Cu				ENT OF HISPANIC ORIGIN? (Specify Yea or No— Cuban, Maxican, Puarlo Rican, etc.) (NO Specify: Specify:					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BUSINESS/INDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Sumamo) ALC B	Rook			
10		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) W. MIDDLES WORLD WB 22 S. GREKNE ST BATTMENE MD									
	20a. METHOD OF DISPOSITION 1 Burla! 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify) in Estate 21. SIGNATURE OF INERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Smary No	Ukeen x		Stat	e Anator	ny Board					
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ech line.		de of dying, auch a	ns cerdiec or resp	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events										
MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Check						
ВУ РНУ	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN		28d. DESCRIBE HOW	INJURY OCCUR	ED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	street, factory, offi	ca 2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	TOTAL OTHY	SICIAN: To the best of my know IER: On the basis of examination						ause(s) and menner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE WWW dalls Wa	of my			29c. LICENSE NUMB	ER	29d. DATE SI	GNEO (Morith, Day, Year) 20 / 90			
F	22 S. GREEN		EATH (ITEM 27) (Type,		40						

90 5. 13

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TO BE COMPLETED BY FUNERAL DIRECTOR

13146,

13 140, BALLIMORE, MARTICAND 21203-3140	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the warm which we executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the immediate processing or and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	DUNIAL CIENTATON, OF TENTOVAL.	ed, or item 23 shows any injury, or other traymatic event, the medical examiper must be notified at once.	
DIVISION OF VITAL RECORDS	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the seath contracts that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the invention of man	be filed within 72 hours after death with the State Dept. or Health and Merical Information to	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traug	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI CERTIF					MENTA	L HYGIEN	E 90	0-2	7010
1. DECEDENT'S NAME (First	t, Mickle, Last)	· . · .							2. DATE	OF DEATH		VEAR	
	IN CE	ALL	ـ بــ	ELLIAN	Ι.	STA	AHL		OCT	OBER		990	1:50 PM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL Country)	.ACE (State or Foreign
219-16-89	928	1 □ M 2 🂢 F		92 YRS.	MONTHS	DATS	HOURS	wire.		21-18	398		MD.
9a. FACILITY NAME (If not i	institution, give s	treet and number)					OR LOCATION		EATH		9c. COU	NTY OF DEA	ТН
UNION MEM		HOSPITAL			Í	MLT	IMORE	i					
10e. STATE	10b. COUNTY	,		10c. CI	TY, TOWN	OR LOCA	TION					1	Od. INSIDE CITY
MD.					BAL	ттмс	ORE,	СТТ	Y			- 15	LIMITS?
10a. STREET AND NUMBER	1				2.12		. ZIP COD				10g. CITI		AT COUNTRY?
2907 GU	ILFORI	AVE.						2	1218	3	U	.S.A	•
11. MARITAL STATUS		12. WAS DECEDED	T EVER IN	S. ARMED	13.					N? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
1 Never Married 2 S		IF YES, GIVE					2 NO			Rican, etc.)		Specify:	
_1T /=25/14 1/													MUTIE
(Specify or	CEDENT'S EDU ily highest grade	completed)		(Give kind of life. Do NOT u	work done	during me	ON oat of worldi	ng	164	. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +) HOMEMAKER OWN HOME													
17. FATHER'S NAME (First,	Middle Lest)					110111			AME /First	Middle, Meiden			
CHARLES		EGOR					1		E H		Containey		
19e. INFORMANT'S NAME	(Type/Print)			19b, MAILIN	G ADDRES	SS (Street	and Number	or Rural	Route Nun	iber, City or Tow	n, State, Zic	Code)	
BARBARA	S. WI	ESCOTT								BALTIN			21218
204. METHOD OF DISPOSI	TION		20b.	PLACE OF DISPO	SITION (N	lame of ce	metery, crer	natory or		20c. LO	CATION —	City or Town	n, State
N Burlal 2 Cremat 4 Donation 5 Other	lon 3 🗌 Ram	oval from State	_	other place)	ARK	WOOI	O CE	MET	ERY	BAI	TIM	ORE,	MD.21234
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE			22	. NAME A	NO ADDRE	SS OF F	ACILITY				
►\\\/.\\\.	and	Daise	2 111	-						INS A			D.21212
ahock, or immediate the condition resulting in death) Sequentially list condition and immediate the condition and immediate. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	inal	b. DUE TO A S	SP (R D) (OR AS A C D) (OR AS A C P) (R D	CONSEQUENCE (CONSEQUENCE (CONSE	HEA HEA PNE	WIT	FA	110	RE,	Pw:	5		interval Between Onset and Death 48 HVCs Mon 77+5
PART II. Other algoritic		FIBRI			,		ng cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	PLACE OF E	DEATH #	heck only	one)			
EXAMINER?		HOSPITAL:	□ ER/Outre	tient 3 DOA	OTHE	ER:				ner (Specify)	_	_	
27. MANNER OF DEATH		28e, DATE O	F INJURY	28b. TI	ME OF	28c, IN	JURY AT	-sruence	_	SCRIBE HOW	INJURY OC	CURED	
	Pending Investigation	(Month	Day, Year)	10	M		ORK? YES 2	NO					
2 Naccident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY	— At home, farm	, street, fa	ictory, offi	ce			CATION (Street y or Town, State		r or Rural Ro	ute Number,
CONSCR ONLY		ICIAN: To the best of											and manner se stated.
296 SIGNATURE AND TITI	LE OF CERTIFIE	91 /				_=	29c. LIC	ENSE NU	JMBER		29d. DAT	E SIGNED	Month, Day, Year)
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BRIAN W		O COMPLETED CA			4.6	B	ALTI.	Mole	E	MD Z		/ /	<i>J</i> =
31. DATE FILED (Month, De				Handell	• .				-				

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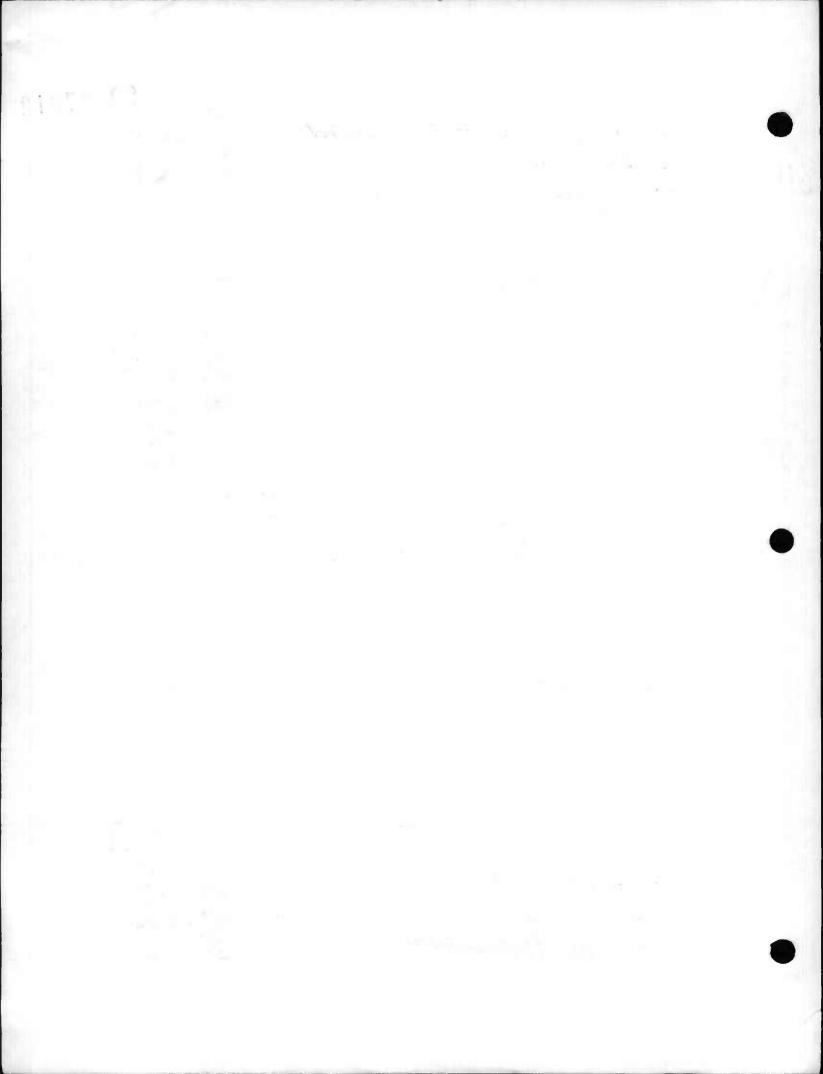
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8	Ship	Aygier	r oth
eath cer	attending	ntal Hygier	y, or oth
ne death cen	the attending	Mental Hygier	njury, or oth
at the death cer-	by the attending	and Mental Hygier	y injury, or oth
s that the death cen	ned by the attending	ifth and Mental Hygier	any injury, or oth
quires that the death cert	signed by the attending	Health and Mental Hygier	ows any injury, or oth
requires that the death cen	been signed by the attending	t, of Health and Mental Hygier	shows any injury, or oth
law requires that the death cen-	has been signed by the attending	Dept. of Health and Mental Hygier	23 shows any injury, or oth
The law requires that the death cert	ate has been signed by the attending	iate Dept. of Health and Mental Hygier	tem 23 shows any injury, or oth
IAN: The law requires that the death cer-	tificate has been signed by the attending	e State Dept. of Health and Mental Hygier	or item 23 shows any injury, or oth
SICIAN: The law requires that the death cert	certificate has been signed by the attending	h the State Dept. of Health and Mental Hygier	d, or item 23 shows any injury, or oth
PHYSICIAN: The law requires that the death cert	this certificate has been signed by the attending	with the State Dept. of Health and Mental Hygier	irked, or item 23 shows any injury, or oth
ING PHYSICIAN: The law requires that the death cer-	After this certificate has been signed by the attending	leath with the State Dept. of Health and Mental Hygier	marked, or item 23 shows any injury, or oth
ENDING PHYSICIAN: The law requires that the death cen-	DR: After this certificate has been signed by the attending	ter death with the State Dept. of Health and Mental Hygier	8 is marked, or item 23 shows any injury, or oth
ATTENDING PHYSICIAN: The law requires that the death cert	ECTOR: After this certificate has been signed by the attending	is after death with the State Dept. of Health and Mental Hygien	1 28 is marked, or item 23 shows any injury, or oth
DR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending	hours after death with the State Dept. of Health and Mental Hygier	item 28 is marked, or item 23 shows any injury, or oth
ITAL DR ATTENDING PHYSICIAN: The law requires that the death cer-	RAL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygien	If item 28 is marked, or item 23 shows any injury, or oth
OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	INERAL DIRECTOR: After this certificate has been signed by the attending	ithin 72 hours after death with the State Dept. of Health and Mental Hygier	INT: If Item 28 is marked, or item 23 shows any injury, or oth
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	E FUNERAL DIRECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygier	RTANT: If item 28 is marked, or item 23 shows any injury, or oth
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death entries to work within 24 hours after death. Page 6 may be retained by the hospital or it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending processes completely filled in by the funeral director, page 5 should be detached for us	i filed within 72 hours after death with the State Dept. of Health and Mental Hygier	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			WENTAL HYGIENE REG. NO.	91	27011			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	Y YEA	3. TIME OF DEATH			
	ALBERTA	R		USHER		SEPTEMBER					
			MO	NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(c) Country)				
	187-14-9303 9a. FACILITY NAME (If not institution, give stre	Λ 0	/	CITY TOWN O	R LOCATION OF DE	10-23-22		TTSBURGH, PA			
DIRECTOR	Perry Point Veteran's			Perry		Ain	9c. COUNTY OF DEATH Cecil				
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Maryland	Cecil			yville		1 🗌 YES				
FUNERAL	10e. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZEN OF WHAT COUNT					
NE	Perry Point Veteran's					Α					
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ecify Cuben, Mexica	IIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Divorced	WW]		1 🗆 YES	2 NO Specify	<i>t</i> :	·	Specify: USA			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S US	done during mo	ON st of working	16b. KIND OF BUSI	INESS/INDUST				
9	Elementary/Secondary (0-12)	College (1-4 or 5+) We. Do NOT use retired.)									
MP	12		Militar	Υ							
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	lurname)				
8	Unknown 19s. INFORMANT'S NAME (Type/Print)		10h MAN ING AC	DBESS (Street a		Dunwiddie Poute Number, City or Town	State 7in Code				
5	Mr. Robert L. Bowser, S	in				ania 15724	, olule, 2p oool	,			
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITI				CATION — City of	or Town, State			
	1 Donation 5 Other (Specify)	ral from State	other place) Jian Town Ga	n Cemete	rv 10/5/9	0/5/90 Indian Town Gap, Pennsylvania					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ID ADDRESS OF FA						
	Roy H. Cather Roy H. Ca	ined and		Loonard	1.1 Dick I	nc 5305 Harri	ond Dd	Balto.,MD.21214			
-1	23. PART I. Enter the diseases, or co	emplications that caused	the death. Do not	sater the mo	ds of dying, suc	h es cardiac or respir	atory srrest,	Approximeta			
	ehock, or heert fellure. Li IMMEDIATE CAUSE (Finel	ist only one cause on ea	ch line.					Interval Between Onset and Deeth			
	disease or condition ANOXIC ENCEPHALOPATHY resulting in death) s.										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	CARDIO RESPIRATORY ARREST										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
H	resulting in death) LAST										
	PART II. Other significant conditions	contribution to death by	it not regulation to	the underlyin	a ceuse alves la	Part I. 24s. WAS AN	Aumoney	24b, WERE AUTOPSY FINDINGS			
CAL	CONGESTIVE HEAR		it not resonang in	ine underlying	g couse given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
EDI	POSSIBLE SEPTIC		-			1 YES 2	□ NO	OF DEATH?			
Σ				· · · · · · · · · · · · · · · · · · ·		- 1		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
SIC	1 YES 2 NO	HOSPITAL:		THER:	e 8 🗆 Residenca	8 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		TURY AT	28d. DESCRIBE HOW IN	JURY OCCURE	ED .			
ВУ	1 Natural 5 Pending Accident Investigation				YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm, stre	et, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or R	tural Route Number,			
ETE											
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
00		On the beals of examination	and/or investigation,	in my opinion, c			d due to the ca	use(s) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	a a a I	how) /	A A LA La	MBER (7461)	29d. BATE 840	201010			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH OTEM 27) Charles	int)	10101-6	1-1710	1/	4/10			
	ISAAC KARITHAN		MC PERRY		MD 21902		/				
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGNA	ATURE	LULINI.							
	OCT 04 1990	gulia Bairdso	n-Handall								

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		REG. NO.		90 2701		
1, DECEDENT'S NAME (First, Middle, Last	N LEX	roy	SHAW	MONT	OF DEATH DAY	28	2. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 218-14-7843 90. FACILITY NAME (If not institution, give	SQM2 DF 6	YRS. MC		MIN. (Mon	OF BIRTH th, Day, Year)		BIRTHPLACE (State or Foreign Country) [aryland OF DEATH		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland		HAND HOSPITAL BALTIMORE, 10c. CITY, TOWN DR LOCATION Baltimore					10d. INSIDE CITY LIMITS? 1 [X] YES 2 \(\text{I NO} \)		
100. STREET AND NUMBER 1510 West Mo	ahor Stroot		10f. ZIP CODE	7			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS OECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HISPANIC ORIGI Mexican, Puerto	N? (Specify Yes Ricen, etc.)	S. A. RACE — American Indian, Black, White, etc. Specify: Black			
15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Distribution Engineer Baltimore Gas & Elementary Secondary (0-12)									
17. FATHER'S NAME (First, Middle, Lest)		DISCITO	16. MOTHE	R'S NAME (First,	Middle, Malden	Surname)	Gas & Flect		
Mary Moore 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street end Number or	Cellus Rural Route Num					
Mildred L. Sh							yland 21217		
20a. METHOO OF DISPOSITION 1 A Buriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	moval from State	other place)	ON (Name of cometery, cremet Iemorial Pa	ark	Balt	timor	e Co., MD		
21. SIGNATURE OF FUNERAL SERVICE	R Bai	Dey	22. NAME AND ADDRESS 2501 GWY1 Baltimore	nns Fa	11s Pa	arkwa	eral Homes, y 16		
23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	. List Dnly ona ceuse on e	each line.	vten D			atory arrea	t, Approximate Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PART II. Other significant condition Hypertension		but not resulting in	the underlying cause giv	ven in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
28. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA	ATH (Check only o	one)				
1 VES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA 4	THER: Nursing Home 5 Resi	-	er (Specify)	HIBY OCCU	aco.		
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME (INJUF	M 1 YES 2	NO					
Accident Accident Suicide Sui									
onel .	YSICIAN: To the best of my know NER: On the basis of examination								
29b. SIGNATURE AND TITLE DF CERTIF	J MI)	29c. LICEN	SE NUMBER		29d. DATE 5	HONED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON TO	WHD CDMPLETED CAUSE OF D	GREEN	EST. G	BALTE	o Mi	0	2(20)		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE					1		

DHMH-16 Rev 1/89



21203-3146	spita overtenting operian.	ed fo use some but al-transit permit. Page		
BALTIMORE, MARYLAND 21203-3146	thin 2- cours after death. Page 6 may be retained by the ho	stely filled in by the funeral director, page 5 should be detact	it, the medical examiner must be notified at once	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital personner.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use some build transit permit. Page	De Med Within 72 hours aren debut with the State Dept. Or regard and wenter tryonic prior to donors, commons, or remove. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR, After	IMPORTANT: If Item 28 is ma	

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	o	0 27010			
i i	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	3. TIME OF DEATH					
,	Gerald	Anth	ony	Schmu	cker	9 2					
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign Country)			
	169-24-8799	1 💟 M 2 🗌 F	59 YRS.	MONTHS DAYS	HOURS MIN.	09-04-31		ennsylvania			
	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY				
E I	9410 Sixth St.			Nort	h Laurel		Ц	oward			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT										
2	10e. STATE 10b. COUNTY	,		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	Maryland Howard		Non	th Laure	ZIP CODE			1 VES 2 NO			
M.							107	OF WHAT COUNTRY?			
9	9410 Sixth St.				0708		S.A.				
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 V	ES 2 NO	If yes, spe	city Cuben, Maxical	IC ORIGIN? (Specify Y		RACE — American Indian, Slack, White, atc.			
B	3 Widowed 4XX Divorced	IF YES, GIVE WAR OR	r dates Orean	1 🗆 YES	2 NO Specify	,		Specify: White			
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPATION		16b, KIND OF B	USINESS/INDUST				
COMPLETED	(Specify only highest grade co	Collage (1-4 or 5 +)	(Give kind of a	work done during mo- se retired.)	st of working						
P	12	Our 2 (1-4 or 5 4)	Asst. M	Oh -		Bowlin	ig Lanes	,			
8	17. FATHER'S NAME (First, Middle, Last)		1 1 1 1 1 1 1	., .,	16. MOTHER'S NA	ME (First, Middle, Maide					
S	John T. Sc	hmucken			Fn	ances Ebe	ихьилая) Ji			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Ro					
2	Marc Schmucker		RD 1	Box 150A	. New Fl	orence.	PA. 15	5944			
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOS other place)				OCATION — City				
	1 Surial 2 Cremation 3 12 Remov	all from State	St. Mary'	s Cemete	ry	La	trobe,	PA.			
	21. SIGNATURA OF FUNERAL SERVICE LICE			22. NAME AP	ID ADDRESS OF FA		ITO III III	NUT 7110			
	21. SIGNATURA OF FUNERAL SERVICE LICEI	Kinca	ed	6009 H	c. ALIE	NBURG FUN ld., Balt	itkal Hi timore.	OME, INC. MD. 21214			
	23. PART I. Enter the diseases; or co	mplications that caus	sed the death. Do I					, Approximata			
	ahock, or heert failure. LI IMMEDIATE CAUSE (Final	at only ona ceuse or	n aach line.					Interval Batween Onset and Death			
	disease or condition]	Fatty Li	ver						
ľ	a. Due to (or as a consequence of):										
z	Sequentially list conditions, Chronic Alcoholism										
CERTIFICATION	If any, leading to immediate	DUE TO (OR A	OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury										
1	that initieted events reaulting in death) LAST	DUE TO (OR A	IS A CONSEQUENCE O	F):				i			
H	d.										
	PART II. Other significant conditions	contributing to deat	h but not resulting	in the underlyin	g ceusa givan in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
DICAL						1 ☑ YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						_ '%'		OF DEATH? 1 ☆ YES 2 □ NO			
=			-			_		n -			
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)					
Sic		HOSPITAL: 1 Inpatient 2 ER/0	Outpetient 3 DOA	OTHER: 4 Nursing Hon	ne 5 Densidence	8 Other (Specify)					
PHYSICIAN: ME	27. MANNER OF DEATH	28s. DATE OF INJUI		AE OF 28c. IN.	JURY AT	28d. DESCRIBE HON	V INJURY OCCUR	RED			
ВУР	1 Netural 5 Pending 2 Accident Investigation	(World, Day, 100			YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, atc. (3	URY — A1 home, farm,	street, factory, offic	•	28f. LOCATION (Stre- City or Town, Str		Rural Route Number,			
	4 Homicide determined	banang, atc. (apouty)			Only or lown, one	(i)				
Ä	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my ki	nowledge, death occur	red at the time, date	end place, end due	to the cause(e) end r	nenner ee stated.				
COMPLETED	CONTROL OTHY							ceuse(s) end menner ee stated.			
	29 SIGNATURE AND TITLE OF CERTIFIER	- Cu Ol	(h	t)	29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)			
BE	Herry F	Adle	Al M	/	OCME		•	9/29/90			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATHY (TEM 27) (Top	Print)				,			
	Mario F. Golle,	M.D.,	111	l Penn S	t.	Balt	imore, I	Md. 21201			
	31. DATE FILED (Month, Day, Year)										
	OCT 4 1990 July	32, REGISTRAR'S S	andress			2					

F

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN			F HEALTH AND	MENT	REG. NO.	E (30	27014
	1. DECEDENT'S NAME (First, Mide	hn H.		Spar	∍ , s	34	2. DA	TE OF DEATH	y 90°	AR	1:00 a M
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 Y		. 7. DA	TE OF BIRTN	l a r	MATNELA	CE (State or Foreign
	160-03-4365 9a. FACILITY NAME (If not institution, give	X X M 2 F	71	YRS.		WN OR LOCATION OF		71719	9c. COUNTY		nsylvania
RO RO	6502 Allview					olumbia	DEATH		How	-	•
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10c, CIT	Y, TOWN OR	OCATION	-			100	I. INSIDE CITY
		loward		(Colum						LIMITS? X YES 2 NO
FUNERAL	6502 Allview	Drive				101. ZIP CODE 2104	6		USA	OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE	YES YES	2 NO	if y	B DECENDENT OF HISI is, specify Cuban, Mex YES X X NO Spe	Ican, Puer		or No 14.	Black, W	Americen indien, hite, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gri			6a. DECEDENT'S (Give kind of life. Do NOT u	work done dun	IPATION ng most of working		18b. KIND OF BUS	INESS/INDUST	RY	
MPL	unkn	111111	, <u> </u>	cler	gy				gious		
	17. FATHER'S NAME (First, Middle, Last) Norman F. Sp	are						aebold	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Delores N. Sp					treet and Number or Rui View Dri					1046
	20e. METNOD OF DISPOSITION X N Buriel 2 Cremetion 3 R		20b. P	PLACE OF DISPO	SITION (Name	of cometery, cromatory of metery		20c. LO	cation - City slyn,	or Town,	
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LIGENSEE		11131	22. NA	ME AND ADDRESS OF					-
	· Central	Holi	2			erling A 6 Edmond					
	23. PART I. Enter the diseases, of shock, or heart fellul IMMEDIATE CAUSE (Final	ra. List only one ca	use on aac	th Ilna.						1	Approximata Interval Between Onset and Death
Mt, um	disease or condition resulting in death)			Hati CONSEQUENCE C		Prostati	e	Cana	er		
N	Sequentially list conditions,	ь									
CATIC	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	OH AS A C	CONSEQUENCE C	(F):						
CERTIFICATION	that initiated events resulting in death) LAST	d	O (OR AS A C	CONSEQUENCE	PF):						
	PART II. Other eignificant condit	ione contributing t	daath but	t not reaulting	In the unde	riying cause given	In Part I	. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
								1 - YES 2		OF	HIPLETION OF CAUSE DEATH?
										11	YES 2 D NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF DEATH	(Check on	ly one)			
HYS	1 Tes 2 NO 27. MANNER OF DEATH	1 □ Inpetient 2 28e. DATE C		28b. Til		g Nome 8 Residen Bc. INJURY AT WORK?	_	Other (Specify) DESCRIBE HOW I	NJURY OCCUR	ED	
BY PH	1 Natural 5 Pending 2 Accident Investigation	on		- At home, farm,	М	1 TES 2 NO	201	LOCATION (Street	and Mumber or	Dural Baul	in Mountain
TED	3 Suicide 8 Could not 4 Homicide determined	De building	, etc. (Specify	y)	atreet, factor	, office		City or Town, State)		nurai rioui	• Nombal,
BE COMPLETED	onel -	IYSICIAN: To the best of								ause(e) er	nd manner as atsted.
BEC	29b. SIGNATURE AND TITLE OF DERTI	FIER D		7		29c. LICENSE	NUMBER	7	29d. DATE S	IONED (M	onth. Pay. Year)
<u>₹</u> 2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEAT	10) TN (ITEM 27) (Typ	e, Print)	OLLY	0 /	/		0 (3	1/0
	31. DATE FILED (Month, Day, Year)	9 //05 32mREGISTE	AAR'S SIGNAT	TUBE	Patri	ent.	6	(md			
	ΩCT 0 4 199	O Filia	avidson	- Andre	•						

G1 22 1D

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

217-03-4173

SAMUEL

H.

5. SEX

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2

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, 19ar)
OCT 0 4 1990

Dan H. McDougal, M.D.

	St. Joseph Hospital			Towson			Baltimore	
DIRECTOR	Maryland Ba.	w ltimore		y, Town on Loca Ionium	FION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 101 Springside Dr.			101, ZIP CODE 21093			10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR OR	8 2 ND	If you, o	ENDENT OF HISPANI ecity Cuban, Mexican, 2 NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us Self Em	work done during m se retired.)		Beauti		STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)		DCII DII	ipioyeu	10. MOTHER'S NAM	IE (First, Middle, Malden		
I III	Harry H.	Turner			Marie	Maho	ney	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Aural Ro	oute Number, City or Tow	m, State, Zip C	Code)
5	Betty Lou Turner		Same	as #10				
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Re	movel from State	other place)					ity or Town, State
	4 □ Donation 5)□\Dther (Specify)□	The second secon	Moreland				timore	e, Maryland
	21. SIGHATURE OF PRINGRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York F Ruck Towson Funeral Home, Inc. Towson, Md. 2							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in identity) LAST							
- m	resulting in beath) LAST	197						
DICAL CE	PART II. Other significant condition	ons contributing to death	but not resulting	in the underlyin	g cause given in F	Part I. 24s. WAS AN PERIFO	WED2	24b. WEHE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATHT
MEDICAL CE		one contributing to death	but not resulting	in the underlyir	g cause given in F	PERFO	WED2	AVAILABLE PRIOR TO COMPLETION OF CAUS
MEDICAL CE	PART II. Other eignificant conditions to the condition of	HOSPITAL:		26. F OTHER:	LACE OF DEATH (Chi	PERFO	WED2	MAILABLE PHIOR TO COMPLETION OF CAUS OF DEATHY
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions 25. WAS CASE REPERRED TO MEDICAL EXAMINERT 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ENO 28e. DATE OF INJUR (Month, Day No.	utpetiern 3 DOA	25. F OTHER: 4 \(\text{ Nursing Hotel E OF } \text{ 28c. R}	LACE OF DEATH (Che	PERFO	Жно	AMALABLE PRIOR TO COMPLITION OF CAM OF DEATHY 1 YES 2 0 MO
MEDICAL CE	PART II. Other significant conditions to the significant condition	HOSPITAL: 1 Inpetient 2 ENO Zite. DATE OF INJUR (Month, Day, Ne)	otpetient 2 DOA Tile 7 28b. Tile 16c	OTHER: 4 Nursing Hotel E OF 28c. IN W 1	LACE OF DEATH (Che ne 5 Apesidence 1 JUNE AT JUNE 2 NO	PERFO	NAMED -	AMALABLE PHIOR TO COMPLETION OF CAIM O

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SZAREGISTRAD'S SIGNATURE
Gulia Davidson-Randalle

Loch Raven Blvd.

TURNER

82

B. AGE (in yrs. lest birthday)

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

REG. NO.

April 28,1908

7. DATE OF BIRTH (Month, Day, Year)

2. DATE OF DEATH DAY YEAR October 1,1990

B. BIRTHPLACE (State or Foreign Country)

Balto., Md.

Maryland

9c. COUNTY OF DEATH Baltimore

DHMH-16 Rev 1/89

51911 85

1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATN		
Bernard T	nomas				9 20		7.15A		
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign stry)		
214-20-5845	1 1 2 F	77 YRS.	MINS DATE	HOURS MIN.	10/13/19	12 Ma:	ryland		
De. FACILITY NAME (If not institution, give a				R LOCATION OF DE	ATH	9c. COUNTY OF	OEATH		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, 1	OWN OR LOCAT				10d. INSIDE CITY		
Maryland		В	altimo	re			1 X YES 2 NO		
10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
3504 Wabash A	ve.		2	1215		U. S	. A.		
11. MARITAL STATUS 1 Never Married 2 XXMarried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE American Indian, ck, White, atc.		
3 Widowed 4 Divorced		II					Black		
15. OECEDENT'S EDU (Specify only highest grade	(CATION completed)	16a. DECEDENT'S US	WAL OCCUPATION	N et of working	18b. KIND OF BU	SINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	etired.)	•					
		Mail C	arrier		U.S.	Posta	1 Service		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
John Thomas				Emily	Johnson				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street e	nd Number or Rural i	Route Number, City or Tow	m, State, Zip Code)			
Evelyn W. Thoma	as	3504	Wabash	Ave.	Baltimor	ce, MD	21215		
204 METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem	20b.	PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or	20c. LO	CATION - City or	Town, State		
4 Donation 6 Other (Specify)	A:		<i>lemori</i>	al Park	Ba	ltimore	County,		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1					al Homes,		
1 1 . h.	t c. \.	tton			s Falls I				
23. PART I. Enter the diseases, or	complications that caused	the deeth. Do not	anter the mo	de of dving, suc	Maryland	iratory arrest.	Approximate		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	if any, leading to immediate cause. Enter UNDERLYING CAVOSE (Disease or Injury that initiated events CAVOSE (Disease or Injury Due to (or as a consequence of):								
PART II. Other algoliticant condition	na contributing to death b	ut not resulting in	the underlyin	g cause given in		RMED?	4b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATN	1		26 P	LACE OF DEATH (C)	neck only one)				
EXAMINER?	HOSPITAL:	etlent a 🗆 noa 📗	OTHER:	7-20-4					
27. MANNER OP DEATN	28a. DATE OF INJURY	28b. TIME			6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURED			
1 Netural 5 Pending	(Month, Day, Year)	INJU		JURY AT DRK? YES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY	— At home, farm, sti	ome, farm, street, factory, office		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Crieck only	SICIAN: To the best of my know NER: On the basis of examination						e(e) end manner as stated		
296, SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)		
	1)			027	716 .	D 9/	29/90		
30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type. I	Print)	~ ~ /			./ (-		
Aleyamma J	· mathew ·	40 541	1 000 F	rederica	Rd. Ca	low wil	(e m) 21		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		, G/ I'	~	-, -,		2		
31. DATE FILED (Month, Day, Year)	HEGISTRAR'S SIGN	IAI UHE							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within confours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

61201 19

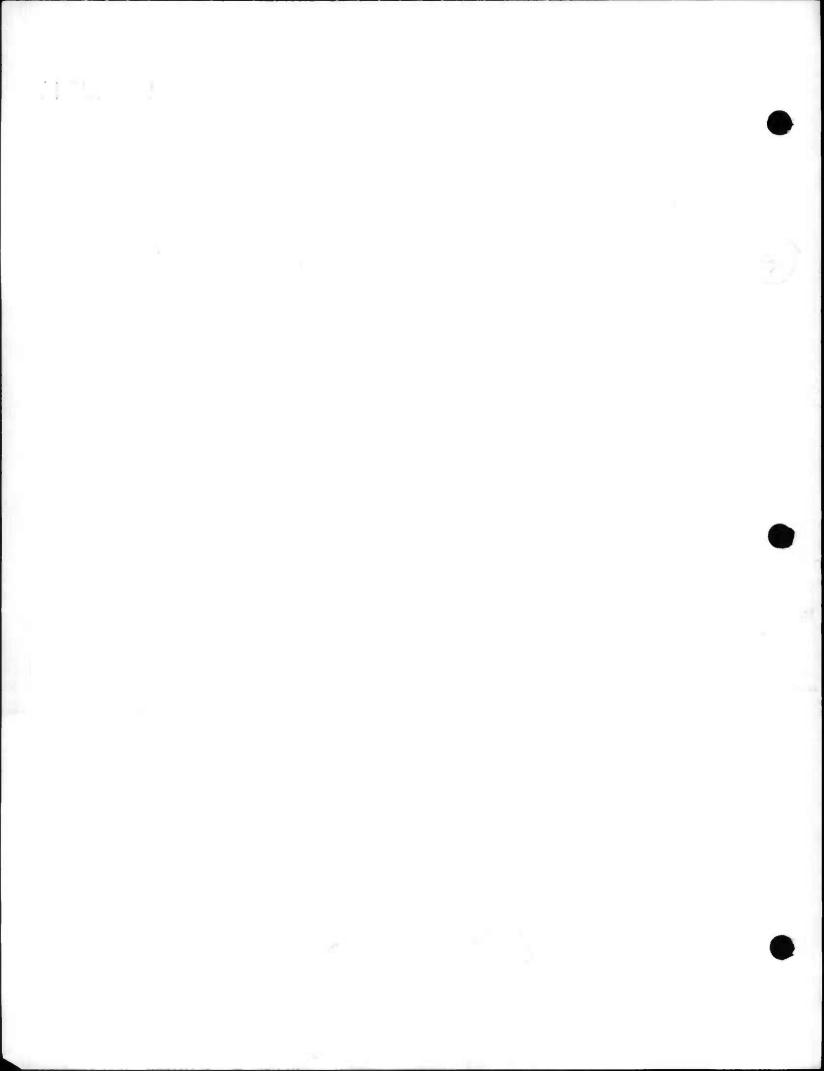
Heren E. WILLS Baltimore, Ma.

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Off. And the continued has been object of the continued by the continued b	_	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
	ifter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
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31. DATE FILED (MONTH, Day, Year)

OCT 0 4 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF		MENTAL HYGIEN	ie 9	0 27017
	1. DECEOENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	Eddie	Williams					90 90	0 - 1 0 7 M
		SEX 6. AGE, (In yrs. I	ant blobelms	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		9:10 A M BIRTHPLACE (State or Foreign
	1 11100	M 2 D F 45	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		North Carolina
	9e. FACILITY NAME (If not institution, give atreet	end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
۳ ا	2530 W. Franklin	St.		Balt	imore Ci	tv		
1 5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
=	Marialand		15	Allin	2 ore			1 PES 2 NO
=	10e. STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2	2531 1. FRA	n/ /21 5	+		212	1		
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S.	ADMED	12 WAS DE	CENDENT OF HIGH	NIC ORIGIN? (Specify Ye	No 144	RACE — American Indian,
교	1 Never Merried 2 Married	FORCES? 1 YES 2		If yes, s	pecify Cuben, Mexico	en, Puerto Ricen, etc.)	14.	Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗆 YE	S 2 NO Speci	fy:		Soycity:
	15. DECEDENT'S EDUCATI	1011	DECEDENTIA	USUAL OCCUPAT	104	16b. KIND OF BU	1/	3//2010
	(Specify only highest grade con	noleted)	(Give kind of willia. Do NOT us	vork done during m	nost of working	160. KIND OF BO	JOINE 33/INDUS	INT
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	110. DO 1401 00	o 160160.)				
COMPLETED								
	17. FATHER'S NAME (First, Middle, Last)	1.			18. MOTHER'S NA	AME (First, Middle, Maide	(Surname)	/
е ш	Lodie Will	ipms			1400	0/112	DUN	1/00
8	(19a, INFORMANT'S NAME (Type/Print)	1 111	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	vn, State, Zip Co	cle)
2	mrs. Recoling	Williams	2530	1 10,1	FRANK	1/W 57	BOITO	,2/223
	200. METHOD OF DISPOSITION			SITION (Name of c	emetery, cremetory or	20c. J.	CATION - City	or Town, State
200	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	place)	1 N/D	t (4)	m K	6.6	a. md
5	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	MI ITTELL	22. NAME /	AND ADDRESS OF F	AQICITY	· · levels	Home
		10		205-	yon Li	KUSS FU	NEIT	
	Dosiph o	1, Lesse		223	2 W.NO	TO AVE	1341	10, md. 21216
2310	23. PARTI. Enter the diseases, or con	plications that ceused tha	daath. Do r	ot enter the m	ode of dving au	oh se cardiec or res		1 April 19 Committee of the committee of
2	II SDOCK, OF heart failtire. I le				out of dying, au	chi aa cardiec oi rea	piretory arrest	
_		t only one ceuse on each li	ne.		out of dying, au	ch aa caldiec oi lea	piretory arrest	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition					ch as caldiec of rea	piretory arrest	
M, me	IMMEDIATE CAUSE (Finel	Acute Myo	cardia	al Infar		on as caldied of rea	piretory arrest	Interval Between
event, me	iMMEDIATE CAUSE (Finel disease or condition	Acute Myo	cardia SEOUENCE OF	al Infar n:	ction			Interval Between Onset and Death
ON NC	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Acute Myo oue to (on as a cons Hypertens	cardia secuence of ive At	al Infar heroscl	ction	ardiovasci		Interval Between Onset and Death
ATION	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if eny, laeding to immediate	Acute Myo	cardia secuence of ive At	al Infar heroscl	ction			Interval Between Onset and Death
ICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	Acute Myo oue to (or as a cons Hypertens due to (or as a cons	cardia SEQUENCE OF ive At SEQUENCE OF	al Infar heroscl	ction			Interval Between Onset and Death
TIFICATION	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Acute Myo oue to (on as a cons Hypertens	cardia SEQUENCE OF ive At SEQUENCE OF	al Infar heroscl	ction			Interval Between Onset and Death
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	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute Myo oue to (or as a cons Due to (or as a cons Due to (or as a cons	cardia sequence of ive At sequence of	al Infar theroscl	rction Lerotic C	'ardiovascu	nautopsy	Interval Between Onset and Death Sease
	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute Myo oue to (or as a cons Due to (or as a cons Due to (or as a cons	cardia sequence of ive At sequence of	al Infar theroscl	rction Lerotic C	'ardiovascı	nautopsy	Interval Between Onset and Death SEASE 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute Myo oue to (or as a cons Due to (or as a cons Due to (or as a cons	cardia sequence of ive At sequence of	al Infar theroscl	rction Lerotic C	'ardiovascı	nautopsy	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of the cause of the conditions of the cause of the ca	Acute Myo oue to (or as a cons Due to (or as a cons Due to (or as a cons contributing to death but no	cardia sequence of ive At sequence of	al Infar theroscl	rction Lerotic C	Part I. 24a. WAS A PERFO	nautopsy	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the cause of the conditions of the cause of the ca	Acute Myo oue to (or as a cons Due to (or as a cons Due to (or as a cons	cardia sequence of sequence of	al Infar herosc] h: herosc] h: in the underly!	cction Lerotic C Ing cause given in	Part I. 24a. WAS A PERFO	nautopsy	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the cause of the conditions of the cause of the ca	Acute Myo oue to (or as a cons Hypertens Due to (or as a cons Due to (or as a cons contributing to death but no	cardia sequence of sequence of treaulting	Infar therosc thero	rction Lerotic C Ing cause given in place of oeath (C) Place of oeath (C) The seldence NJURY AT	TardioVascu	n AUTOPSY PRMED? 2 □ NO	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO
AN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	Acute Myo oue to (or as a cons Hypertens DUE TO (or as a cons DUE TO (or as a cons contributing to death but no	cardia sequence of sequence of treaulting	Therosc The	cction Lerotic C Ing cause given in	Part I. 24a. WAS A PERFC 1 X YES	n AUTOPSY PRMED? 2 □ NO	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO
Marked, of Item 23 shows any injur BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	Acute Myo oue to (or as a cons Hypertens Due to (or as a cons Due to (or as a cons contributing to death but no	Cardia SECULENCE OF SECULENCE O	Infar Therosc Thero	rction Lerotic C Ing cause given in the control of the control o	Part I. 24a. WAS A PERFC 1 X YES theck only one) 5 □ Other (Specify) 26d. OESCRIBE HOW	NAUTOPSY RMEO? 2 NO	Interval Between Onset and Death Sease 24b. Were autopsy Findings AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
Marked, of Item 23 shows any injur BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	Acute Myo oue to (or as a cons Due to (or as a cons contributing to death but no	Cardia SECULENCE OF SECULENCE O	Infar Therosc Thero	rction Lerotic C Ing cause given in the control of the control o	Part I. 24a. WAS A PERFC 1 X YES	N AUTOPSY PRMED? 2 NO	Interval Between Onset and Death Sease 24b. Were autopsy Findings AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
28 IS MARKED, OF ITEM 23 Shows any Injur TED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of th	Acute Myo oue to (or as a cons Hypertens DUE TO (or as a cons DUE TO (or as a cons DUE TO (or as a cons contributing to death but no 10SPITAL: Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — At building, stc. (Specify)	Cardia SEQUENCE OF	Therosc The	ng cause given in	Part I. 24a. WAS A PERFC 1 X YES theck only one) 5 Other (Specify) 28d. OESCRIBE HOW City or Town, State	NAUTOPSY PRMED? 2 NO INJURY OCCUP	Interval Between Onset and Death Sease 24b. Were autopsy findings AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
28 IS Marked, or Item 23 shows any injur TED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	ACUTE MYOO OUE TO (OR AS A CONS HYPETTERS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but no CONTRIBUTE 2 ER/Outpetient 28e. DATE OF INJURY (Month. Day, Year) 26s. PLACE OF INJURY — At building, stc. (Specify)	Cardia SEQUENCE OF SEQUENCE OF TRANSPORTER SEQUENCE OF	Therosc herosc herosc herosc Therosc Therosc 28. If the underlying the unde	rection Lerotic C Ing cause given in PLACE OF OEATH (C) PROPERTY AT YORK? YES 2 NO Note Ite end place, end du	Part I. 24a. WAS A PERFC 1 X YES theck only one) 5 Other (Specify) 26d. DESCRIBE HOW City or Nown, State 1 to the ceuse(e) and me	NAUTOPSY PRMED? 2 NO INJURY OCCUP t end Number or	Interval Between Onset and Death Sease 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO
28 IS Marked, or Item 23 shows any injur TED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	Acute Myo oue to (or as a cons Hypertens DUE TO (or as a cons DUE TO (or as a cons DUE TO (or as a cons contributing to death but no 10SPITAL: Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — At building, stc. (Specify)	Cardia SEQUENCE OF SEQUENCE OF TRANSPORTER SEQUENCE OF	Therosc herosc herosc herosc Therosc Therosc 28. If the underlying the unde	rection Lerotic C Ing cause given in PLACE OF OEATH (C) PROPERTY AT YORK? YES 2 NO Note Ite end place, end du	Part I. 24a. WAS A PERFC 1 X YES theck only one) 5 Other (Specify) 26d. DESCRIBE HOW City or Nown, State 1 to the ceuse(e) and me	NAUTOPSY PRMED? 2 NO INJURY OCCUP t end Number or	Interval Between Onset and Death Sease 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO
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PORTANT: If Item 28 Is marked, or Item 23 shows any Injur BE COMPLETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if eny, taeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of th	ACUTE MYOO OUE TO (OR AS A CONS HYPETTERS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but no CONTRIBUTE 2 ER/Outpetient 28e. DATE OF INJURY (Month. Day, Year) 26s. PLACE OF INJURY — At building, stc. (Specify)	Cardia SEQUENCE OF SEQUENCE OF TRANSPORTER SEQUENCE OF	Therosc herosc herosc herosc Therosc Therosc 28. If the underlying the unde	PLACE OF OEATH (COMME 5 Reeldence NJURY AT ORKY 1) YES 2 NO	Part I. 24a. WAS A PERFC 1 YES Theck only one) 26d. OESCRIBE HOW 26f. LOCATION (Street City or Rown, State City or Rown, St	NAUTOPSY PRMED? 2 NO INJURY OCCUP (end Number or en) enner as stated, end due to the c	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO REO REO Revel Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if eny, taeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of th	DUE TO (OR AS A CONS CONTributing to death but no CONTRIBUTE (CONTRIBUTE (Month, Day, Year) 28s. PLACE OF INJURY — At building, etc. (Specify) IN: To the best of my knowledge, On the basis of examination end/	Cardia SEOUENCE OF	Infar Therosc Thero	PLACE OF OEATH (COME 5 Reeldence NJUHY AT OVER 2 NO Note and place, and du deeth occured at the COME	Part I. 24a. WAS A PERFC 1 YES Theck only one) 26d. OESCRIBE HOW 26f. LOCATION (Street City or Rown, State City or Rown, St	N AUTOPSY RMEO? 2 NO INJURY OCCUPATION OF THE PROPERTY OF THE	Interval Between Onset and Death Sease 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO REO REO REO RIGNED (Month, Day, Year) 10/2/90



event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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Š	1	No.	No. 15
DIVISION OF VITAL RECORDS, P.O. POX 13/46	e death cer	ne attending	ury or a
CORDS	ires that the	signed by the	ws any in
AL RE	The law requ	te has been	om 23 sho
OF VIT	HYSICIAN:	his certifical	ked, or ite
SION	TENDING P	TOR: After t	8 is mari
NO	TAL OR AT	AL OIRECT	If item 2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death commended the second	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending towards and complete the com	be med writin 22 nous aret reserving to state begt. Or needed and world register to the formatte event IMPORTANT: If item 28 is marked, or item 23 shows any injury or either from the event
	F	F	5 =

REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	IL U WUTME		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
Paul H. Whi			10-1 9	D 3:10 P M					
	AGE (In yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Couglar)					
577-10-9986 1842 OF	72 YRS.	DATS HOUNS WIN.	4/23/98	Virginia					
9a. FACILITY NAME (If not institution, give street end number)		TOWN OR LOCATION OF DE		ITY OF DEATH					
EDENWALD	TO	WSON	BI	91 70.					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Townson - water			Townships and					
	10c. CITY, TOWN O			10d. INSIDE CITY LIMITS?					
MD. BALTO	TOWS			1 TYES 2 NO					
106. STREET AND NUMBER		101. ZIP CODE		ZEN OF WHAT COUNTRY?					
800 Southeary RD.		21204		ISA					
11, MARITAL STATUS 1 ☐ Never Merried 2 Merried 12. WAS DECEDENT FORCES? 1	VES 2 NO	WAS DECENDENT OF HISPAN If yes, specify Cuber, Mexican	IC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, atc.					
1 Never Merried 2 Merried IF YES, GIVE VAN	OR DATES WW11	YES 2 NO Specify:		specify: White					
15. DECEDENT'S EDUCATION	16e. DECEDENT'S USUAL OC	COMPATION	16b. KIND OF BUSINESS/IND	LIOTOV					
(Specify only highest grade completed)	(Give kind of work done of life. Do NOT use retired.)	during most of working	100. KIND OF BUSINESS/IND	OSINI					
Elementary/Secondary (0-12) College (1-4 or 6+)	Architect		American Inst	titute Of Archi					
17. FATHER'S NAME (First, Middle, Last)		40 1407145710 1444							
	White		AE (First, Middle, Melden Surname)						
Lucius Edgar 190. INFORMANT'S NAME (Type/Print)			lian Scott						
Pauline L. White			oute Number, City or Town, State, Zip	Code)					
PAULINE L. WILLE 20a. METHOD OF DISPOSITION	Same As								
1 Buriel 2 X remetion 3 Removal from State	20b. PLACE OF DISPOSITION (Na other place)		20c. LOCATION -						
	4 Donation 5 Other (Specify) Green Mount Crematory 10-2-90 Baltimore, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.								
Wallace S. B.									
23. PART I. Enter the diseases, or complications that or	eused the deeth. Do not enter	the mode of dying, such	as cerdiac or respiratory arr	rest, Approximate					
ahock, or heert fellure. List only one cause	on each line,			Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition	ilat pries	morris							
resulting in death) a.	AS A CONSEQUENCE OF	1 11	1	- 1					
- C. KIY	to intentix	al M	leding	1					
Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE/OFT	4/ /	/)	- 1					
cause. Enter UNDERLYING	ere Educat	ic dia	ease						
CAUSE (Disease or Injury that initiated events	AS A CONSEQUENCE OF):								
resulting in death) LAST									
PART II. Other algnificent conditions contributing to de	ath but not resulting in the un	nderlying couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?					
			20)	1 [] YES 2 [] NO					
		_							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
THE THE	R/Outpatient 3 DOA 4 Nun	R: sing Home 5 - Residence	8 Other (Specify)						
27. MANNER OF PEATH 28e. DATE OF IN. (Month, Day,	JURY 28b. TIME OF NOURY	28c. NJURY AT	28d. DESCRIBE HOW MJURY OC	CURED					
1 29 Natural 5 Pending	M	WORK? 1 YES 2 NO							
3 Suicide 28e. PLACE OF II	NJURY — At home, farm, street, fact	tory, office	28f. LOCATION (Street end Number	Bf. LOCATION (Street and Number or Rural Route Number,					
4 Homicide determined building, atc	(Opecny)		City or Town, State)						
298. CERTIFIER 100 OFFITIFUING PHYSICIAN: To the heat of me	knowledge death assumed at the t	less date and class and d	to the enumber and account	ted.					
(Check only one) 2 MEDICAL EXAMINER: On the best of my									
		opinion, weath occurse at the	time, cate and place, and dua to th						
296/ SIGNATURE AND TITLE OF CERTIFIER	16	29c LICENSE NUM	IBER 29d. DAT	E SIGNED (Month, Day Mar)					
1/1mg	10 Un 81, C1	m 1129	769	10/11/90					
11 -4	THE RESERVE AND ADDRESS OF THE PARTY OF THE	-							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 23 (Type, Print)	0 (11	I. RI H	20 5 // 1					
3A. NAME AND ADDRESS OF PERSON VINO COMPLETED CAUSE WAY CELLS	OF DEATH (ITEM 23 (NO. Print)	O South	erly Rd T	ousan ha					
1 1/N. 100 - 1/1 N. 140	SIGNATURE NO AND	O South	erly Rd T	ousanted					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

61.1 111

(0)	within 2ours	pletely filled in by	cremation, or ren	shert the madi
DIVISION OF VITAL RECORDS, F. C. CA 13 4.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiling	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the ariending manner and	be filed within 72 hours after death with the State Dept., of Health and Mental Hygien	menorant is them 28 to marked or them 22 obour one follow or other traumatic event the media

	REGISTRAR	YLAND / DEPAI CERTIF	RTMENT OF H	DEATH	REG. NO	_	0 27019					
	1. DECEDENT'S HAME (First, Middle, Last) JULIA WEISS A				2. DATE OF DEATH MONTH	my 97	10 30 #					
	4. SOCIAL SECURITY HUMBER S. SEX 1. 1 □ M 2/X F 6. /	GE (In yrs. lest birthday) QY YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 2 4 -	BIRTHPLACE (State or Foreign Country) Lungry						
OR	Se. FACILITY HAME (If not institution, give street and number) Baltimore County Gen'1. Ho	spital		dalls town		9с. СОИНТУ Ва	of DEATH ltimore					
DIRECTOR	nesidence of decedent 10a. state 10b. county Maryland Baltimore	10c. Ct	ry, town on Locat Pikesvil			10d. IHSIDE CITY LIMITS? 1 YES 2 THO						
FUNERAL	7 Sudbrook Lane		101	21208		10g. CITIZEN USA	OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Diverced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR 6	YES 2 NO	II yes, sp	EHDEHT OF HISPANK acify Cuban, Mexican, 2 NO Specify:		a or Ho 14.	RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Coffege (1-4 or 5+)	(Give kind of life. Do NOT	s usual occupation work done during mouse retired.) Sewife	DH st of working	Domes		TRY					
III	17. FATHER'S NAME (First, Middle, Lest) Philip Katz			18. MOTHER'S HAM Unknov	E (First, Middle, Maidei VN	n Surname)						
TO B	19a. INFORMANT'S HAME (Type/Print) Harvey I. Weissman	nnd Number or Rural Ro Hills Dr										
	26a. METHOD OF DISPOSITION 1 1	Beth E1	Memorial	Park	Randallstown, MD							
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE Drichael Daysello	2		ew Memori Reisters			e, Inc. sville, MD21208					
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Approximats interval Between Onset and Death NFARCTION Onset and Death NFARCTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL	DAST II Other circulturant conditions contribution to death but not consistent to the conductor to the state of the contribution to death but not be contributed to the contribution to death but not consistent to the contribution to the contri											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
BY PHYS	1 YES 2 NO 1 Inpatient 2 EF 27. MANNER OF DEATH 1 Hetural 5 Pending (Month, Day 1) 2 Applied to Investigation	JURY AT ORK? YES 2 NO	100 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED									
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28f. LOCATION (Stree City or Town, State	FION (Street and Number or Rural Route Number, Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAH: To the best of my DICAL EXAMINER: On the base of examiner.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM D3	7333	10	BIGNED (Month, Day, Year)					
0	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (TH	ce, Princi) RANDI	HISTON	IN M	021	132					
	OCT 04 1990 Julia Davidson	SIGNATURE										

FOR STATE REGISTRAR

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13140	executed
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7.	death
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1	VSICIAN.
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DIVISION OF VITAL RECORDS, P.O. BOX	THE ATTENDING PHYSICIAN. The law remittes that the death certificate be executed within
5	90
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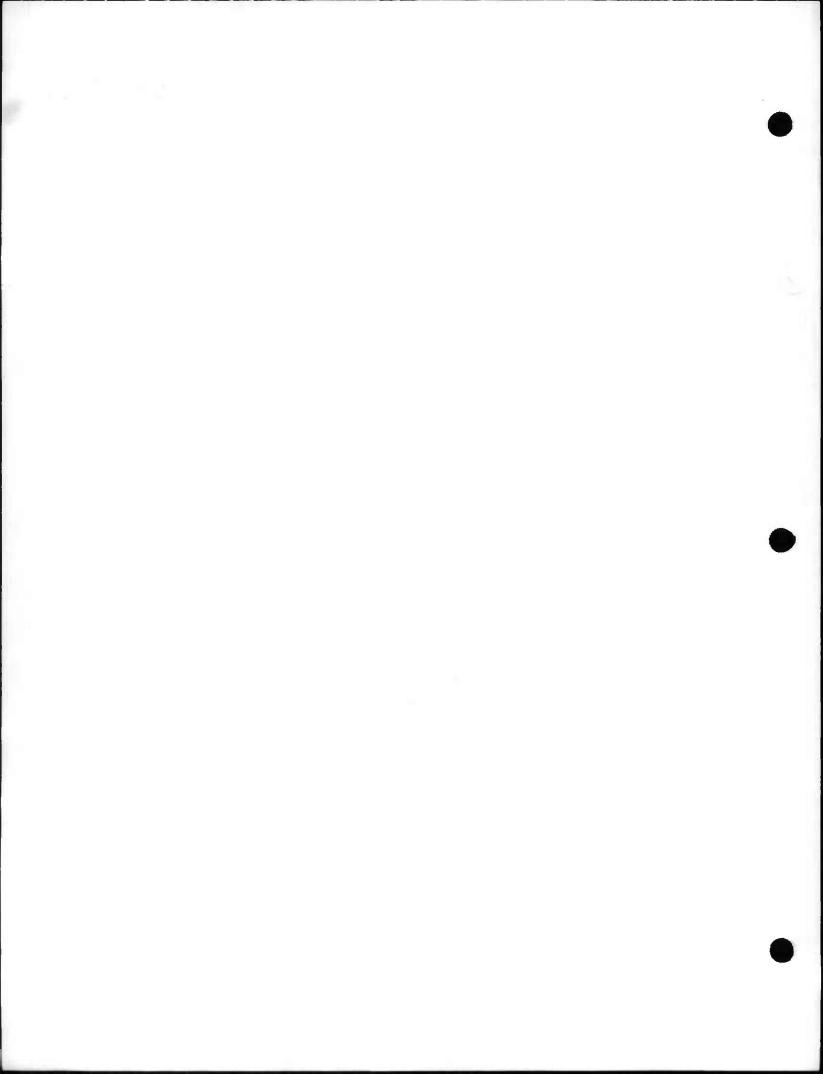
31. DATE FILED (Month, Day, Year)
OCT 4 1990

32 REGISTRAR'S SIGNATURE

	1	1. DECEDENT'S NAME (First, Middle, Last) Robert		Williams, Sr.							2. Date of Death DAY 1, 1990 6:19F				
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 212-12-1907 1 X m 2 - F 9				t birthday) YRS.	IF UNDE	DAYS	R IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey. Year) 04/05/1898 I		Countr			
1	OHO	9a. FACILITY NAME (If not institution, give Maryland General							n or Location of DE timore Ci	EATH	93710		INTY OF D		
.)	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	CATION					10d. INSIDE CITY LIMITS?							
-		Maryland	_			Ва	1ti	mor						1 TYPES 2 NO	
	RA	100. STREET AND NUMBER 4504 Manorview	Pond						2.1.2.2.9			10g. CIT	IZEN OF V	WNAT COUNTRY?	
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDER	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 € NO IF YES, GIVE WAR OR DATES					DECENDENT OF HISPAN specify Cuban, Maxica (ES 2 NO Specify	n, Puerto		or No—		•	
	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION		16a, DE	CEDENT'S	EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/IND						DUSTRY	Black	
- 1		Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.) Security Guard Social Sec							curi	ty Admin		
		17. FATHER'S NAME (First, Middle, Last)							16. MOTHER'S NA		Middle, Maiden	Surname)			
led a	BE	Richard Willi	ams, Sr	b. MAILING	3 ADDRES	Gertrude ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)									
1 a	2	Mildred Wesley 4504 Manorview Road Baltimore, MD													
nst pe		20a, METHOD OF DISPOSITION 1 Number 2 Commenter Commentary Comment													
Ter II	!	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	_ <i>F</i>	Arbu	itus			AND ADDRESS OF FA					cal Homes	
or removal. medical examiner must		+ Herbert	1.37	n	the	Л			01 Gwynn: cimore, 1		alls F	ark	way	ai nomes	
, cremation, or rem event, the medic		shock, or heart fellure. List only one ceuse on each line.											Approximate Interval Between Onset and Deatl		
of Health and Memal Hygiene prior to burial, cremation, or removal shows any injury, or other traumatic event, the medical e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
n and Mem	EDICAL C	PART II. Other significant condition Status post above	the kne	e am	put not i	tion	in the t	op1	ying couse given in iteal byp	Part I.	24a. WAS AN PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	Σ	Periperal vascula	r diseas	e; M	yoca	rdia	l ir	nfar	ction.					OF DEATH? 1 YES 2 NO	
00 -	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out(patient 3	DOA	OTHI	ER:	N. PLACE OF DEATH (Ch						
marked, o	ву рну	27. MANNER OF DEATH 1. Neturel 5 Panding (Month, Day, Year) 286. DATE OF INJURY (Month, Day, Year) 1. Neturel 5 Panding Investigation													
n 28 is r	ETED	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)							tectory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
2 =	COMPLE	TORIOGN OFFIT							data and place, and due n, death occured at the					s) and manner as stated.	
APORT	O BE C	296. SIGNATURE AND TITLE OF CERTIFIC							29c. LICENSE NU	MBER 7 104 :	35 191	/29d. D/		(Month, Day, Year)	
	۲	30. NAME AND ADDRESS OF PERSON V						and	General	Hosp	ital	No. of Contract of			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27020



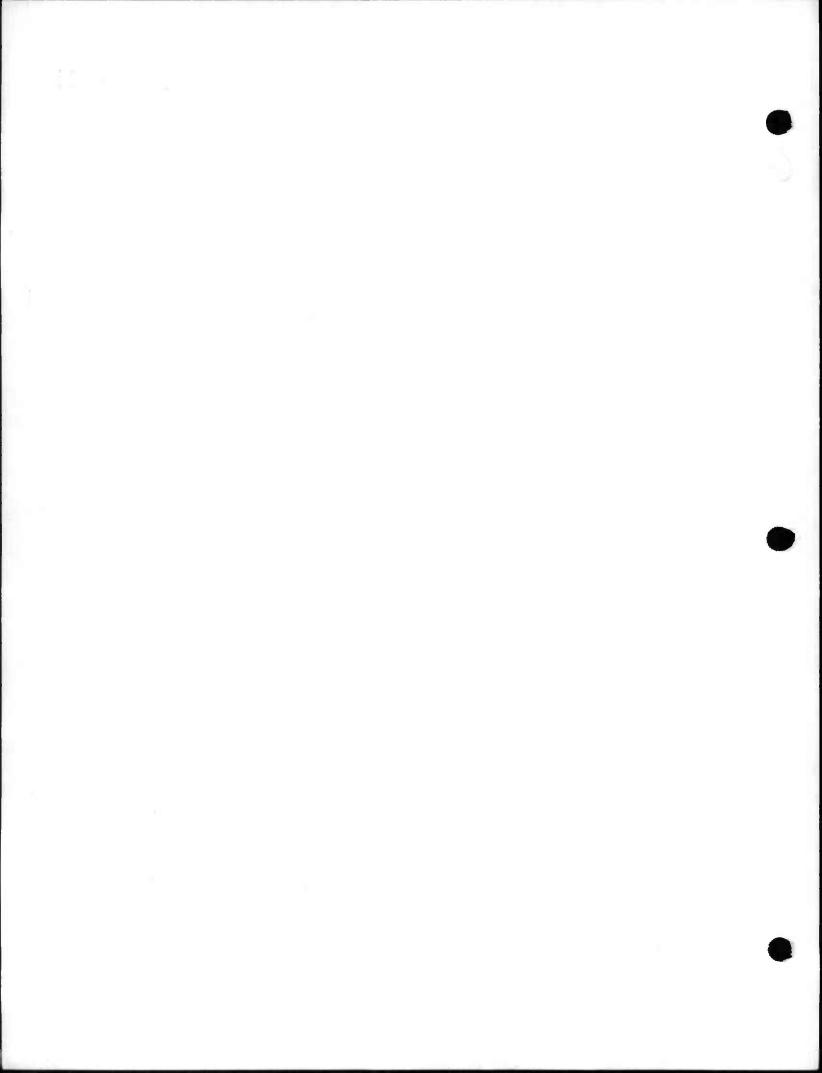
1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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		1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN	DAY	3. TIME OF DEATN					
VIOLA NASH WATSON OCTOBER 1,										ľ, 199	0 10:09A M					
/		4. SOCIAL SECURITY NUMBER		B. AGE (in yrs. las		UNDER 1 YE		R 24 HRS.	7. OATE OF BIRTN (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)					
(00		242-05-2910	1 □ M 2 🔀 F	69	YRS. MO	NTHS DAY	rs HOURS	MIN.	02/19/1	921	South Caroli					
3 should		9a. FACILITY NAME (If not institution, give a			96		VN OR LOCAT		ATN		TY OF DEATN					
2, 3	O.	THE JOHNS HO	PKINS HOSP	PITAL		BAI	TIMOR	E		BA	LTIMORE CITY					
2 -	띮	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Υ		10c. CITY, TO	OWN OR LO	CATION				10d. INSIDE CITY					
	DIRECTOR	Maryland			Ba1	itmo	ore			LIMITS? XX YES 2 NO						
(1)		10e. STREET AND NUMBER				- 1	10f. ZIP COC	Œ		10g. CITIZ	EN OF WHAT COUNTRY?					
	ER	3702 Mohawk Av	re.				21	207		U.	S. A.					
in the second	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED				IIC ORIGIN? (Specify)	les or No—	14. RACE — American Indian, Black, White, etc.					
3146 ing phy the bur	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA				YES 2 NO				Specify: Black					
en en es		15. OECEDENT'S EDU	CATION		CEDENT'S US				16b. KINO OF E	USINESS/INDU						
2120 al or att for use	E	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)													
	필	Domestic														
AND 2: the hospital detached for	så 🕷 📗 Rubba Nach															
→ ≥ ≥ ₹																
MARYLAND a retained by the hosp 5 should be detached notified at once.	인	19e. INFORMANT'S NAME (Type/Print)							Route Number, City or 1							
0 0 0		Donald Thomas 209_METHOD OF DISPOSITION			0F DISPOSITION				Baltimo		D ZIZU/					
IMORE Page 6 may al director, page ner must t		1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other of	Memo						nore Co., MD					
Page Il dire		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ittiig	, ireme						Funeral Homes,.					
BALTIMORE, er death. Page 6 may to the tuneral director, pag val.		· Illians	Don O),		25	01 Gw	ynn	s Falls	Parkw	ay					
BA ins after of n by the removal.	\vdash	23. PART I. Enter the diseases, or	complications that	caused the de	ath Do not				Marylan							
20 TO E		ahock, or heert fellure.					1110000 01 01	ymrg, acc	in all bandies of re-	priotory arre	Interval Between Onset and Daath					
27. fille the		IMMEDIATE CAUSE (Final disease or condition	Edmin	not hear	h. Fait	1.00					A					
46, ed within ompletet	1 1	disease or condition resulting in deeth) a. Ful minant herane failure Due to (or as a consequence of):														
13146, executed within and completely o burial, crema matic event,	z	Sequentially list conditions on Hepatoceilular carcinoma 61														
	임	any, leading to immediate														
BOX ficate be physician ne prior 1	CERTIFICATION	CAUSE (Disease or Injury	c. Due to //	OR AS A CONSE	OHENCE OF											
Sertiff Control of the control of th		that initiated events reaulting in death) LAST	302 10 (OH AS A CONSE	OUENCE OF J.						į					
A = 0 = T	B		d													
ECORDS, squires that the consigned by the of Health and Me hows any injury	AL	PART II. Other aignificant condition	ne contributing to d	death but not	reaulting in t	tha undar	lying cause	given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
COR uires the signed Health a	MEDICAL								1 📉 YES	2 NO	COMPLETION OF CAUSE OF DEATH?					
L RECO law requires as been signa Pept, of Healt 23 shows										red Ti	1 TYES 2 NO					
F VITAL RECORDS, F SICIAN: The law requires that the dea certificate has been signed by the att the State Dept, of Health and Mental,, or Item 23 shows any injury,	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	MEDICAL 28. PLACE OF DEATH (Check only one)													
VITAL IIAN: The Is rithicate has ne State De or Item 2	띯	EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:			8 Other (Specify)							
OF VITAL PHYSICIAN: The this certificate h with the State C	PHY	27. MANNER OF DEATH	28a, OATE OF I	NJURY	28b. TIME C	OF 280	, INJURY AT	100001100	26d. DESCRIBE NO	W INJURY OCC	CURED					
		1. Natural 5 Pending Investigation	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO													
Z Accident Investigation 2 Accident Acci										et and Number	er or Rural Route Number,					
20 CERTIFIER 1 SCERTIFYING PNYSICIAN: To the best of my knowledge death occurred at the time data and place and due to the cause(a) and menner as stated																
											ed.					
ID THE HOSPITAL TO THE FUNERAL TO THE FUNERAL TO MPORTANT: IF 1	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menne										e cause(a) and menner as stated.					
to the Hospi to the Funer se filed within	BE C	286 SIGNATURE AND TITLE OF CERTIFIE	7				29c. Life	CENSE NU	MBER	29d. DATE	E SIGNEO (Month, Day, Year)					
5 5 8 M	TO B	Jarda S. K	mx !	70			F	1507	9	10	/1/90					
	F		NG MD		_				Ra		A 7					
			NG MO),	01425	170	PKIN	5	BALTIMO	RE,	MO 2/205					
		31. DATE FILED (Month, Day, Year) OCT 4	1990 d	es signature	1 73m	dell		,								
		10014	1 1000 9	wide triteld	100 and 100			_			DHMH-18 Rev 1/8					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



INECTOR: After this certificate has be ours after death with the State Dept.	FUNERAL ORECTOR: After this certificate has be within 72 hours after Geath with the State Dept. IANT: If Item 28 is marked, or Item 23 s
OR ATTENDING PHYSICIAN: The law requires that the deigh cert, which is the property of the pro	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death cert. TO THE FUNERAL DRECTOR. After this certificate has been signed by the attending sector and many filled in by the funeral director, page 5 should be deta be filled within 72 hours after death with the State Dept. of Health and Mental Hygien. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other trainable event, the medical examiner must be notified at one
OR ATTENDING PHYSICIAN: The law requires that the deight cert. INECORN. After this certificate has been signed by the attending yours after death with the State Dept. of Health and Memtal Hygiene, and 28 is marked, or item 23 shows any Injury, or other	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death cert EINERAL ORECTOR. After this certificate has been signed by the attending within 72 hours after death with the State Dept. of Health and Mental Hygiens TANT: If Item 28 is marked, or Item 23 shows any Injury, or other
OR ATTENDING PHYSICIAN: The law requires that the de IHECODE, After this certificate has been signed by the allows after death with the State Dept. of Health and Ment and 28 is marked, or item 23 shows any Injury,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de FUNERAL ORECTOR. After this certificate has been signed by the at within 72 hours after death with the State Dept. of Health and Ment IANT: if item 28 is marked, or item 23 shows any Injury,
OR ATTENDING PHYSICIAN: The law requires HEECTOR: After this certificate has been signt ours after death with the State Dept. of Healt em 28 is marked, or item 23 shows:	HOSPITAL OR ATTENDING PHYSICIAN: The law requires FUNERAL ORECTOR: After this certificate has been signified to bours after death with the State Dept. of Healt MAIT: If I liem 28 is marked, or I liem 23 shows:
OR ATTENDING PHYSICIAN: The la IMECTOR: After this certificate has burs after death with the State Del em 28 is marked, or item 2.	HOSPITAL DR ATTENDING PHYSICIAN: The Is FUNERAL OMECTOR. After this conflicate has within 72 hours after death with the State De MANT: If Item 28 is marked, or Item 2.
DR ATTENDING PHYSIC INECTOR: After this co burs after death with th em 28 is marked,	HOSPITAL OR ATTENDING PHYSIC FUNERAL DIRECTOR: After this co within 72 hours after death with the IANT: If Item 28 is marked,
OR ATTENO INRECTOR: A burs after d om 28 is	HOSPITAL OR ATTEND FUNERAL DIRECTOR: A WITHIN 72 hours after d TANT: If Ifom 28 is
	HOSPITAL (FUNERAL C WITHIN 72 h MITHIN 11 H

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				MENTAL HYGIEN	_	00	27022	
;	1. DECEDENT'S NAME (First, Middle, Last) May 4 G.	Winkel	MARY G.		-		2. DATE OF DEATH O	2/20/9	QAR 3.	TIME OF DEATH	
1	215-40-9763	1 □ M 2 🔀 F 76	yrs. last birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS. NOURS MIN.	FEB. 4, 1914 Country) MARYLAND				
TOR	99. FACILITY NAME (If not institution, give street ST. AGNES HOSPIT RESIDENCE OF DECEMENT				LTIM	LOCATION OF OE	ATN	N			
DIRECTOR	10a. STATE 10b. COUNTY	LTIMORE		CATON					I. INSIDE CITY LIMITS? YES 2X NO		
FUNERAL	10e. STREET AND NUMBER 46 DUNVEGAN ROAD					ZIP CODE		S.A.	COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF VES GIVE WAR OR DATES					HC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	s or No—	Black, W Specify:	American Indian, hits, atc.	
	15. DECEDENT'S EDUCA (Specify only highest grade c	ATION 1	16a. DECEDENT'S	work done di	CUPATION uring most	t of working	18b. KIND OF BU	niie			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffic. Do NOT use relired.) CLOTHING MARKER HECHT CO.										
CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE	WINFIELD AMEY DOROTHY BLANCHE DIXON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stefe, Zip Code)										
2	FRANCIS W. WINKEL						ONSVILLE,			1228	
	20a. METHOD OF DISPOSITION X Surface 2 Cremetion 3 Removal from State								City or Town,	State IARYLAND	
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE .		LE	EROY		SSELL C. V			RAL HOMES	
	23. PART I. Enter the diseases, or co	omplications that caused to								Approximate interval Between	
	ARRESTOR DE LA COMPTENZA DE CARROLINA DE CAR	Contract of the second of the		4./	Pa	(Eums)	4 604			Onset and Death	
	_	OUE TO (OR AS A C	CONSEQUENCE	OF): /		M 41					
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE)F):		/ M / N	E. S Grann				
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE (DF):							
G	PART II. Other significent conditions	contribution to death bu	4 mat	le the rise	el a els slavia	sausa alum la	Book I Tour Impar	M. ALITTORIAN	T 0.41 NW	RE AUTOPSY FINDINGS	
EDICAL	TANTIII. Other significent contantions	. Contributing to death bu	t not resulting	in the tin	derlying	ceuse given in		RMEO?	AM	AILABLE PRIOR TO HIPLETION OF CAUSE	
MED										DEATH?	
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1										
PHYSICIAN:	27. MANNER OF DEATH	R OF DEATH 286. DATE OF INJURY 286, TIME OF 286, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED									
To Restural 5 Pending M 1 YES 2 NO Investigation											
8	3 Suicide 8 Could not be determined	,	28f. LOCATION (Street City or Town, State	t and Number e)	or Rural Rout	e Number,					
COMPLET	cond only	CIAN: To the best of my knowle R: On the basis of examination								nd manner as stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	m . s				29c. LICENSE NUI	MBER	29d, DATI	E SIGNEO (M	onth, Day, Year)	

900 CHTO-P AV.

14050,

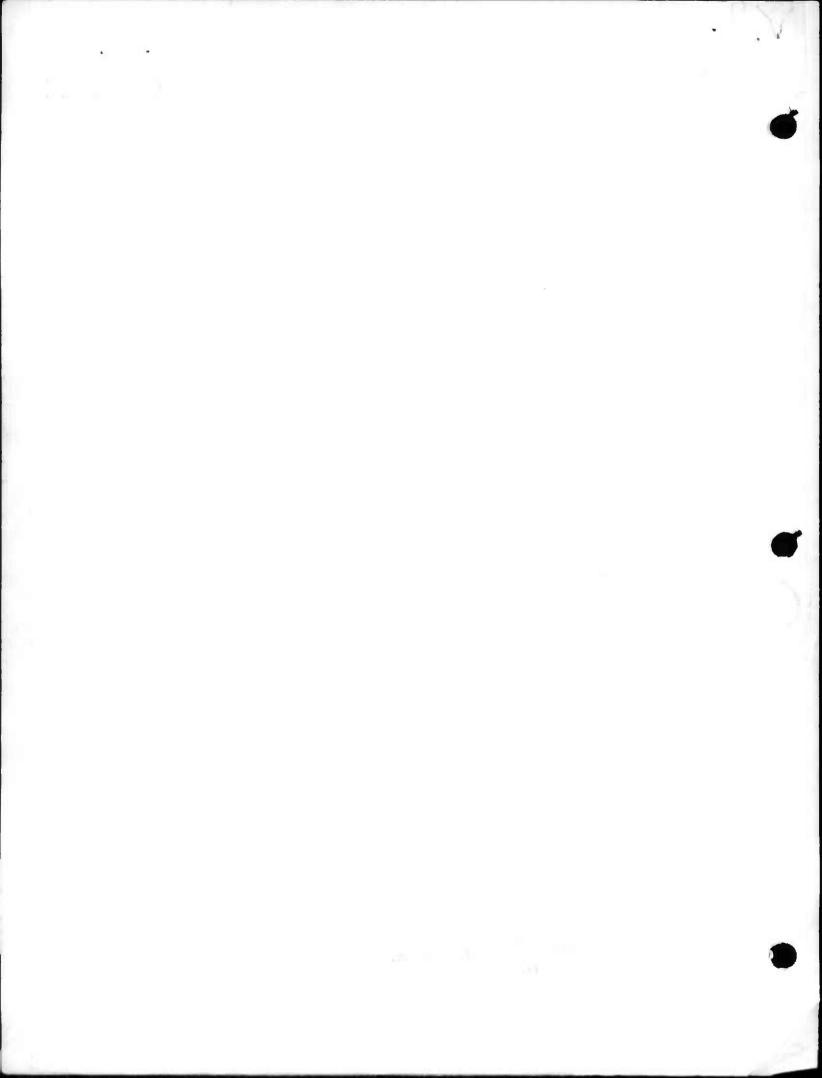
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21229.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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(D	A	4. SOCIAL SECURITY NUMBER			AGE (In y	s. lest birthday)	MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	P BIRTH Day Year)		Country)	CE (State or Foreign
(1	<i>y</i>	213-30-8556 9a. FACILITY NAME (If not institution.		□ M 2 💢 F	09	YRS.	01. (WEN TOWN	00 1 00171011 05 05	Nov.	/29/	900 9c. COUNTY		RYLAND
8	1					==			OR LOCATION OF DE	EATH				
2,	OT.	ANNE ARUNDEL	ME	DICAL	CENT	ER	1	ANNAF	POLIS			ANN	E AI	RUNDEL
See	DIRECTOR	10a. STATE 10b. CC	UNTY			10c, CI	TY, TOV	VN DR LOCA	TION				10d	I. INSIDE CITY LIMITS?
2	ä	MARYLAND A	NNE	ARUNDI	EL		GAN	BRIL	LLS				1 [YES 2 NO
permit, Pages	AL	10a. STREET AND NUMBER						10	r. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
2	FUNERAL	1069 NORTH I	ANE	RT. 3								ι	J.S.A	Α.
46 physician. bunial-transit	5	11. MARITAL STATUS	12	FDRCES? 1	EVER IN U.	S. ARMED			CENDENT OF HISPAN Decify Cuban, Mexica				RACE - A	American Indian, hila, etc.
3146 ling phy the bur	ВУ	1 Never Married 2 Married 3 Midowed 4 Divorcad		IF YES, GIVE WAT			- 1	1 YES	S 2 X NO Specify	y:	,		Specify:	7
6 % %	1													
or ath		(Specify only highest	grade com	npleted)	— "	(Give kind o	f work d	one during m	ost of working	100.1	UND OF BU	Jaine 33/INDUS	ini	
pital of be	P.	Elementary/Secondary (0-12)		College (1-4 or 5+)		HOUS	EW]	FE						
AND 21 the hospital of detached for	COMPLETED	17. FATHER'S NAME (First, Middle, Las	(t)						18. MOTHER'S NA	ME (First, Mi	ddle, Maide	n Surname)		
LA Bed at		JAMES H. GRA	Υ,	Sr.					IDA E	PARKE	R			
MARYLAND e retained by the hosp 5 should be detache	BE	19a. INFORMANT'S NAME (Type/Print)				19b, MAILIN	IG ADDI	RESS (Street	and Number or Rural	Route Numbe	r, City or To	wn, State, Zip Co	ode)	
MA e reta s 5 s	٤	HOWARD TURNE	R			1420	6 ()LD S	TAGE RE). BC	WIE,	MD.	207	720
nay be		20a, METHOD OF DISPOSITION 1 [X] Burial 2 Gremation 3 G	Dommol	I from Ctoto	20b. Pt	ACE OF DISP	OSITION	(Name of ce	metary, crematory or		20c. L	OCATION - CIT	y or Town,	Stata
ORE 6 may rector, p		4 Donation 5 Other (Specify)		i irom stata	MT.	TABO	R (CHURC	CH CEMET	ERY	CI	HESTER	FIEI	LD, MD.
BALTIMORE, MARY ter death. Page 6 may be retained the funeral director, page 5 should should be notified as examiner must be notified.	1	21. SIGNATURE OF FUNERAL SERVI	CE LICENS	SEE /				22. NAME A	ND ADDRESS OF FA	ситу 8 2	1 WI	EST _M SI	· 2 4 }	NAPOLIS
		Larry	2	Keess	2 _			WILL	JAM REE	SE &	SOI			RY, P.A.
4 5 E 3		23. PART I. Enter the diseases	, or com	plicatione that	caused th	e death. Do	not e							Approximeta
o d o		shock, or head tel	lure. List	t Dniy Dne Ceus	e on each	ilne.								Interval Between Onset and Death
within 24 ho		disease or condition		SER	7	1	5	1400	- n					
146, ned within completely ial, cremati		reculting in death)	A	DUE TO (C	OR AS A CO	DISEDUENCE	OF):	, , - \	- 4					
13146, executed with and compile burial, crimatic even			- h	CER	GBI	1011	150	COL	on pr	568	ISG			
	임	Sequentially list conditions, If eny, leading to immediate		DUE TO (C	R AS A CO	NSEQUENCE	OF):							
BOX ficate be physician ne prior t	S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c			CE								
O. BO certificate ding physi tygiene pr	旧	that initiated events resulting in deeth) LAST		DUE TO (C	OR AS A CO	NSEQUENCE	OF):							
V. E 5 2 6	CERTIFICATION	resulting in destily and	d											
		PART II. Other algnificent con-	ditions c	contributing to d	eath but	not resulting	g in th	e underlylr	ng cause given in	Part i.		N AUTOPSY ORMED?		RE AUTOPSY FINDINGS
RECORDS requires that the been signed by the c. of Health and M. shows any Inti	2			_							1 YES		CO	MPLETION DF CAUSE DEATH?
Feat sign														YES 2 ND
	=									_				
- a #	X	25. WAS CASE REFERRED TO MEDIC						26. F	PLACE OF OEATH (CA	neck only one)			
SICIAN: The certificate har the State D	Sic	EXAMINER?	1/2	HOSPITAL: OTHER: I partiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
OF VITA PHYSICIAN: The this certificate with the State	PHYSICIAN: MEDICAL	27. MANNER DF DEATH							JURY AT	CRIBE HOW	E HOW INJURY OCCURED			
	BY F	1 Asturel 5 Pending 2 Accident Investige		(,					YES 2 NO					
/ISION ATTENDING ECTOR: After s after death		3 Suicide 6 Could n		28e. PLACE DF building, e	INJURY — tc. (Specify)	At home, farm	, street	, factory, offi	ca		TION (Street Town, State	t and Number or	Rural Route	Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death		4 Homicide determin	ed											
DIV L OR A L DIREC	PLE	(Criocit Offin)	PHYSICIA	N: To the best of n	y knowled	ge, death occu	rred at	the time, det	ta and place, and due	to the cau	e(a) and m	anner as stated	1.	
HOSPITAL FUNERAL within 72	COMPLE	anal .	AMINER:	On the basia of axe	mination a	nd/or investiga	tion, in	my opinion,	death occured at the	lime, data	and place,	and dua to the	cause(s) an	d manner as stated.
TO THE HOSPIT TO THE FUNER De filed within	m O	296. SIGNATURE AND TITLE OF CEI	TIFIER	-					29c. LICENSE NU	MBER	_			onth, Day, Year)
THE THE PLANT OF T	<u>B</u>	12/he	~	M	^.				033	75	7	19	-14	4-90
	임	30. NAME AND ADDRESS OF PERSO	N WHO C	COMPLETED CAUSE	OF OEATI	1 (ITEM 27) (Ty	pa, Print)				•		

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ERSON

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CHARLES 31. DATE FILED (Month, Day, Year) SEP 18 1990

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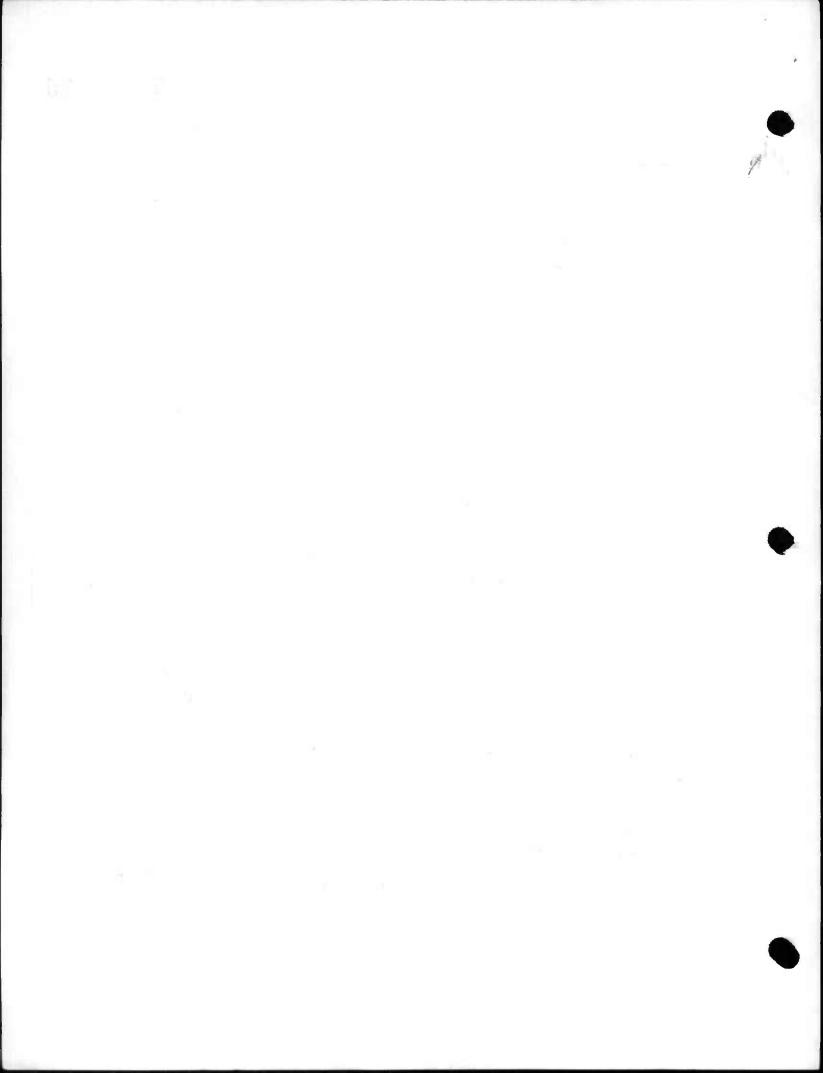
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ENL 20 1990 Sept 7. DATE OF BIRTN (Month, Day, Yea 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) DAYS 1 🔲 M 2 🗌 F 7-62-7618 May 31 953 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Pages 1, 2, 3 st DIRECTOR Anne Arundel Medical Anne Arundel Annapolis Center 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Annapolis Anne Arundel Marvland permit. FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 21403 U.S.A. Silopanna Road Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high t of working Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 Roofing & Tinning Roofing 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notified at BE McDonaldson Robert L. Alton Betty 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sandy Alton SilopannaRoad. Annapolis. MD 21403 2 20a METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Rem 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must 4 Dermation 5 Other (Specify) Annapolis, MD Cemetery examiner SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY death. Taylor Funeral Chapel 21401 Gloucester St completely filled in by the rial. cremation, or removal. Annapol ours after medicai 23. PART I. Enter the disesses, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate Interval Between shock, or heart fellure. List only one muse on each line. in and completely filled I Onset and Death IMMEDIATE CAUSE (Final the disesse or condition resulting in death) PMIN event, DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be executed tidne disais traumatic DUE TO (OR AS-A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. if any, leeding to immediate cause. Enter UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hygiene prior to CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 -NO OF DEATH? Shows NOS 1 YES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item this certificate HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nurs ne 5 🗆 Residence 6 🗀 Other (Specify) 0 the 27. MANNER OF DEATN 26c. INJURY AT WORK? 280. DATE OF INJURY 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY marked, with 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) THE HOSPITAL OR ATTENDIY THE FUNERAL DIRECTOR: AI filed within 72 hours after de 3 Suicide 28 is 5 Could not be determined COMPLETED 4 Homicide item 294 CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL I be filed within 72 h IMPORTANT: If It 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 30, NAME AND ADDRESS OF PERSON O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr Ria 12. REGISTRAR'S SIGNATURE
FUNA DAVIDON-RONDER

DHMH-15 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. or Health and Mental Hydrere prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ļ	57	y fille	be filed within 72 hours after death with the State Dept, or Health and Memtar Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
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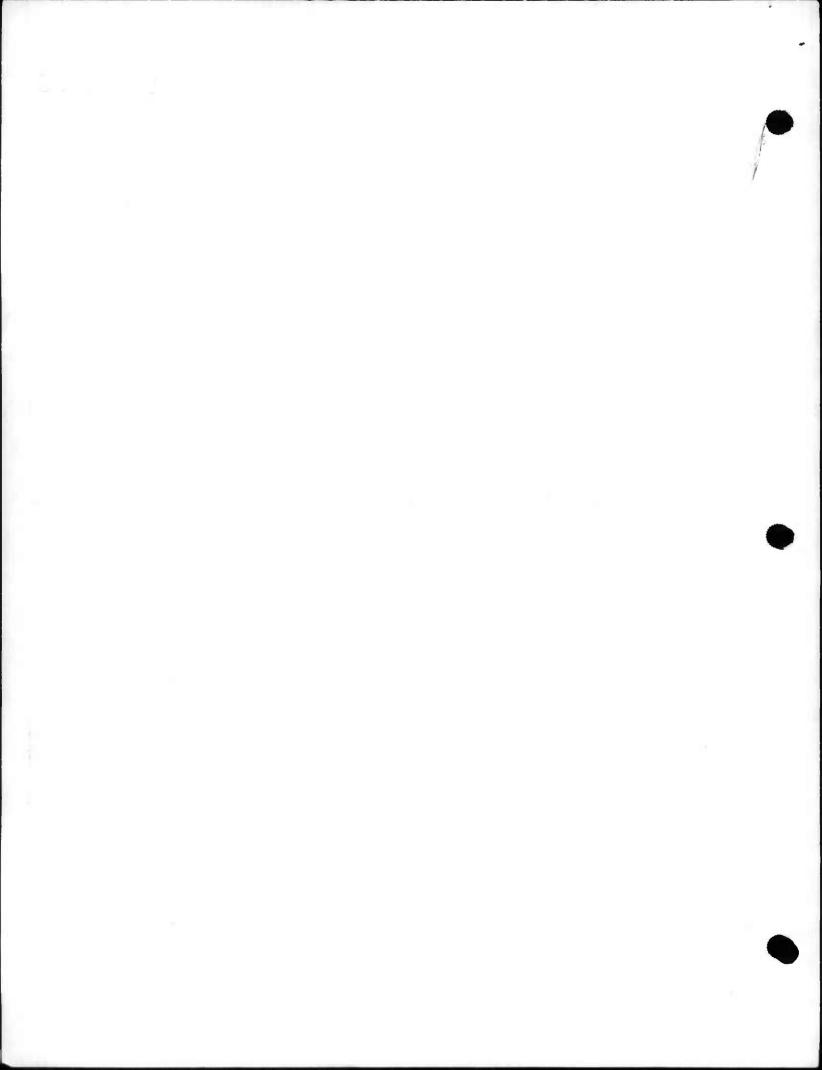
	1 - FOR STATE OF MARYLAND / CE		TMENT				ENTAL HYGIEN REG. NO		JU	2/025		
	1. DECEDENT'S NAME (First, Middle, Linst)	DERSO			*	_	2. DATE OF DEATH MONTH D	* 8 1	YEAR 990	3. TIME OF DEATH 1834 P M		
-7	4. SOCIAL SECURITY NUMBER 218-12-5990 1 □ M ★★ F 79	birthday) YRS.	IF UNDER 1		F UNDER 24	HRS. 7	7. DATE OF BIRTH (Mogth, Day, Year) 01-21-19	911	6. BIRTH Country	IPLACE (State or Foreign		
OR	9a. FACILITY NAME (If not igstitution, give street and number) Memorial Hospital (DOA)		96. CITY, T	BERLA		OF DEAT	TH	9c. COUNTY OF DEATH ALLEGANY				
5	RESIDENCE OF DECEDENT	40.0			**							
PIRE	MD Allegany		y, town on esapto	wn,						10d. INSIDE CITY LIMITS? 1 YES XX NO		
FUNERAL DIRECTOR	10e. Street and number Route 5 Brant Road				502			1000	izen of v SA	WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. VAN FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED	13. W/ If: 1 (AS DECEN yes, speci	DENT OF I	HISPANIC Maxican, Specify:	ORIGIN? (Specify Ye Puarto Rican, etc.)	e or No-	14. RACE — American Indian, Black, White, etc.			
COMPLETED	(Specify only highest grade completed) (Gh	ve kind of	USUAL OCC work done du se retired.)		of working		166. KIND OF BU	aptov		chool		
BE COM	17. FATHER'S NAME (Flyst, Middle, Last) Edward Carl Spiker				Cat	her:	ine Holle	nbac				
2	Mr. William E. Anderson	.O.	BOX 5	Street and 273	Number or Cresa	Aural Acc apto	wn, MD 2	vn, State, Zi L502	p Code)			
	XEV METHOD OF DISPOSITION 20b. PLACE ROUSE 1 A Burlei 2 Cremation 3 Removal from State	PEWN	Memo:	rial	Gard	dens	Tay	Vale,	MD To	own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. SAME AND ADDRESS OF FIGURY ALL HOME Cumberland, MD 21502											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Oue To (on as a consequence of): Due To (on as a consequence of):											
CAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY. 24b. WERE AUTOPSY FINDINGS ANALASE PRIOR TO											
PHYSICIAN: MEDIC							1 TYES	2 100		OF DEATH? 1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
Sic	EXAMINER? 1 YES 2 10 10 Inpetient 2 ER/Outpetient 3	□ po4	OTHER	:	~							
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TII	_	28c, INJUF WORK	RY AT		8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
TED 8Y	Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al ho building, stc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLET	The CERTIFUING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. I MEDICAL EXAMINER: On-the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
R	296. SIGNATURE AND TITLE OF CERTIFIER	n	My	1	29c LICEN	SE NUMB	SER C	29d. DA	TE SIGNE	O (Month, Day, bar)		
2	Dr. Guy Fiscus, M.D., Memorial	M 27) (Typ HOS	e, <i>Print</i>) pital	Med	ical	Bld	g., Cumbe	erlan	d, M	D 21502		
	31. DATE FILED (MORITH, Day, Your) 32. REGISTRAR'S SIGNATURE SEP 25 1990 Gusha Davidson-Randall											



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zemours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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STATE OF	MARYLAND / DEPARTMENT OF H CERTIFICATE OF		MENTAL HYGIENE REG. NO.	90	2702	6
_			2. DATE OF OEATH MONTH DAY	YEAR	3. TIME OF DEATH	
J.	ATHE	Y	September 22,	1990	2:00 A	1
SEX	6. AGE (In yrs. lest birthday) F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	HPLACE (State or Foreigny)	77

Ŀ	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	_	0 27026
	1. DECEDENT'S NAME (First, Middle, Lest) VIRGINIA	J.		ATHE	Y	2. DATE OF OEATH DATE OEATH DATE OF OEATH DATE OEATH DATE OF OEATH DATE OEATH DATE OF OEATH DATE OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OF OEATH DATE OEATH DAT	Ž2. 19	3. TIME OF DEATH 90 2:00 A M
	4. SOCIAL SECURITY NUMBER 215 20 6186 98. FACILITY NAME (If not institution, give st	1 □ M 2XXF 65	YRS. MO	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 04-25-19	8. 9	BIRTHPLACE (State or Foreign Country) MD
FUNERAL DIRECTOR	Memorial Hospital			Cumber		AIT .	Alleg	
DIRE	MD Allega		Pinto					10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	Route 6 Box 133			2	21P CODE 1556		USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZINO	If yes, ape		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	or No.— 14.	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 16a Coffege (1-4 or 5 +)	DECEDENT'S USI (Give kind of work life. Do NOT use re housewi	done during mos tired.)	N st of working	16b. KIND OF BUS		RY
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Malden		
BE C	Charles Parrish					Harden		
10	Mr. Earl D. Athe	-	Route 6	Box 1	33 A Pin	to, MD 215	556	
	28er. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remote Donation 6 Other (Specify)	oval from State Su	ACE OF DISPOSITION OF MEM	orial 1	Park	Cum	cation — chy berlan	CAL DAY SEAL LAND A
	21. SIGNATURE OF FUNERAL SERVICE LIC	7 Scarpe	lli	Cumbe	erland, N			
NO	iMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions,	a. Acute Res PUE TO (OR AS A CO DUE TO (OR AS A CO OUE TO (OR AS A CO	puaton puaton NSEQUENCE OF:		A	n aa cardiac or reap	iratory arreat	Approximate Interval Between Onset and Death days. Munths
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		Carein	ong				1415
MEDICAL	PART II. Other eignificant condition	ne contributing to death but in wheelmal	npt resulting in t	he underlying	g ceuse given in	Part i. 24s. WAS AN PERFOI 1 YES	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
YSIC	1 TES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outpatie		THER: Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT PRK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCUR	DED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre			26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	Correct Gray	ICIAN: To the best of my knowledg						suse(e) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	R Aprila	v		29c. LICENSE NUI		29d. DATE	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH Dr. Gupta	Memorial Host		,			nd. MD	21502
	31. DATE FILED (Month, 1990 Jul	AR REGISTRARE SIGNATURAL DAVIDON-MANDEL	IRE			the second of the de also letter	,	



BALTIMORE, MARYLAND 21203-3146	Frours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit p. or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			WENTAL HYGI REG.	LIVE	0 21021
1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH		90 3. TIME OF DEATH 2:
4. SOCIAL SECURITY NUMBER	Anna Lil		HIDALD	IF UNDER 24 HRS.	7. DATE OF BIRTH	41	BIRTHPLACE (State or Foreign
214-116-8125			WONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)
9e. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF DE	09/20/0 EATH	9c. COUNTY	ennedyville Mi
Peninsula Genera	l Hospital		Salisb	ury		Wic	comico
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TY	10c, CITY.	TOWN OR LOCAL	TION			10d, INSIDE CITY
	Vicomico	,		isbury			LIMITS?
10e. STREET AND NUMBER	River Wal	k Manor		I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
105 Times	Square	.k Manoi		2180	1		U.S.A.
11. MARITAL STATUS Welver Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED S 2 XNO		ENDENT OF HISPAN			. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2X NO Specify			Specify: white
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b, KIND OF	BUSINESS/INDUS	TRY
(Specify only highest green Elementery/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use	ork done during mo retired.)	ost of working			
8		neve	r work				
17. FATHER'S NAME (First, Middle, Lest)	- 1.2			2007	ME (First, Middle, Ma		
James Archik	bald	10h MAILING	ADDRESS (Street	L111	ie C. S		orda)
Ann Marie Ste	مام	100000000000000000000000000000000000000		DR, Lanc			,
20e. METHOD OF DISPOSITION		0b. PLACE OF DISPOSI				LOCATION — CIT	
M□ Buriel 2 □ Cremetion 3 □ Re 4 □ Donation 5 □ Other (Specify)	movel from State	crumptor	Ceme	terv	С	rumpto	n, MD -OA C
21. SKINATURE OF FUNERAL SERVICE I	IOENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	-	
Momas K.S	Heldenho	· ·		nellen rch Hil		nerai 21623	Homes, PA
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR A)	a consequence of): A				Onset and Death
Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	S A CONSEQUENCE OF):				
PART II. Other significent condition Charles	one contributing to deets		4	g ceuse given in	PEF	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	OF 28c. IN	JURY AT ORK?	28d, DESCRIBE H	OW INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	RY — At home, ferm, st pecify)	treet, fectory, offi	ce	28f. LOCATION (St City or Town, S	reet and Number or Itate)	Rural Route Number,
and and	SICIAN: To the best of my kr						l. ceuse(s) end manner se stated.
296. SIGNATURE AND TITLE OF CERTIF	IER /			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
Somald M	. Wy M)		W331	1/	> /	8/21/%
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)			•	,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	Savidson-Ran	dell				

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 Tours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a	hou	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or	I
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTI			MENTAL HYGI REG.		90	27028
	1. DECEDENT'S NAME (First, Middle, Last)	1-	The contract of	Doe, Do	in	2. DATE OF DEATH	DAY	YEAR 3. T	IME OF DEATH
	WILLIE	ABN	EY			MONTH		0 5	Z Z A M
	114.4 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	SEX 8. AGE (In yrs.	//	ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	1 .	B. BIRTHPLAC Country)	E (State or Foreign
	250-26-6643	XM2 □ F 6	S YRS.	ONTHS DATS	HOURS WIN.	12/1	5/21		uda, N.C.
	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	
TOR	Prince George F	tospiral Ce	nter	Che	verly		Pri	nce Ge	orge's
DIRECTOR	10e. STATE 10b. COUNTY			SHING					INSIDE CITY LIMITS? YES 2 \(\square\) NO
7	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
FUNERAL	1958 Fendal	1 Street	SE		20020		1	JSA	
N		2. WAS DECEDENT EVER IN U.S.	. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify	Yes or No-	14. RACE - A	American Indian,
	1 Never Merried 2 🔀 Merried	FORCES? 1 X YES 2	NO	If yes, sp	ecify Cuben, Mexicar 2 NO Specify	, Puerto Ricen, atc.)	Black, Wh	ite, etc.
BY	3 Widowed 4 Divorced	FYES, GIVE WAR OR DATES WORLD WAY	II		A				ck
6	15. DECEDENT'S EDUCAT (Specify only highest grade cor		. DECEDENT'S US	SUAL OCCUPATION	ON set of wasking	16b. KIND OF	BUSINESS/IND	STRY	
l iii		College (1-4 or 5+)	ille. Do NOT use	retired.)	or or worning	- 15	- 1	,	
AP.L	0-12		Cab Dri	lver		Self-	-Employ	ed	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Middle, Me	iden Surneme)	12	
ш	Willie Lee Abney	, Sr.			Mali	issa Forl	oes		
m	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural F	Soute Number, City or	Town, State, Zip		
우	Rosemary Abney		1958 1	Fendall	St., S.I	E. Wash	., DC 2	0020	
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove	20b. PL/	ACE OF DISPOSIT	TION (Name of cer	metery, crematory or	200	LOCATION - C	ity or Town,	State
	4 Donetion 5 Other (Specify)	Hai	cmony Me	emorial	Park		Landove	r. Md	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME A	NO ADDRESS OF FAC	OH ITY			
	I Ilank Y	M. (Ata		1881	Good Ho	ne Rd	S.E. W	ash.	DC 20020
	23. PART I. Enter the diseases, Dr cor	molications that caused the	747						Approximate
		at only one ceuse on eech			out or uying, such		oupmandity and	,	Interval Between
	IMMEDIATE CAUSE (Final disesse or condition	im	, 1	1 /				1	Onset and Death
	resulting in death) a.	Myocar	dial	INT	ancii	on			111001
		Myocar Due to (OR AS A CO) Arterio	C C Lava	4. (7	· · · · · · /	" Air	0050	VIRAINE
N O	Sequentially list containing,	DUE TO (OR AS A COI	MSECTIENCE OF	1160	aral cu	arcur	ir LI/A	60.00	40(13
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 AS A 001	MOLGOLINGE OF J.	•					
는 다	CAUSE (Disease or injury \$ c	DUE TO (OR AS A COI	NSEQUENCE OF		·				
Ē	that initiated events resulting in desth) LAST								
E	d								
7	PART II. Other algnificent conditions	contributing to death but n	not resulting in	the underlyin	ig cause given in		S AN AUTOPSY RFORMED?		RE AUTOPSY FINDINGS
MEDICAL							8 2 NO	CO	MPLETION OF CAUSE DEATH?
Ų									YES 2 NO
						_			
M	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			-
Sic		HOSPITAL: 1 Inpatient 2 ER/Outpaties		OTHER:	me 5 - Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT	28d. DESCRIBE H		URED	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1	ORK? YES 2 NO				
BY	2 Pulatida	286. PLACE OF INJURY —	At home, farm, st	reet, factory, offic	ce	28f. LOCATION (S		or Rural Route	Number,
E	4 Homicide determined	building, atc. (Specify)				City or Town,	State)		
COMPLETED	29a. CERTIFIER	Alla To the heat of our board A	a death	d ad dha dha a a	a and alone and the	An Abra na		-4	-
MP	(Check only	AN: To the best of my knowledg On the basis of examination en							d manner ee steled
8		The same of available of		, at my opinion,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	, a Dep	יעלק ואו	PBICH /	29c. LICENSE NUI		29d. DATI		onth, Day, Year)
2	Janles Kliste	mu sx	amine	Y	1018	52	8	/30/	76
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type.	Print)					

MPLETED CAUSE OF DEATH (ITEM 27) (
URE M)

32. REGISTRAR'S SIGNATURE
Wha Davidoon—Arrobable

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LOC MD 4203 QUELNS VITY RIHYATTA U'//CMD 2028/

DHMH-15 Rev 1/89

90 A 31. DATE FILED (MONTH), Day, Year) SEP 1 3 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARIA ARK	A A A	CARDLER/	?		2. DATE OF DEATH	11990 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 073-30-0645	5. SEX 6. AGE (1	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	e. BIRT GERI	HPLACE (State or Foreign
NO.	90. FACILITY NAME (If not institution, give str FREDERICK MEMORIA	· ·		96. CITY, TOWN FREDE	OR LOCATION OF DE RICK	ATH	FREDER	
DIRECTOR	106. STATE 106. COUNTY.	DERICK	10c GT	MAR OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10 STREET AND NUMBER RD.			10	or. ZIP CODE 2175	57	10g. CITIZEN OF	WHAT OPUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Mi Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES GIVE WAR OR DO	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican S 2 NO Specify		Bia	E — Americen Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville. Do NOT us HOUSEW]	vork done during m ne retired.)	ION lost of working		HOME	
	17. FATHER'S NAME (First, Middle, Lest) FRITZ D.J. KROEGE	P				ME (First, Middle, Melden JSTE A. (UI		
BE	19a. INFORMANT'S NAME (Type/Print)	K	19b. MAILING	ADDRESS (Street		Route Number, City or Tow		
٩	W. GEORGE ARDLER	T T.		BAKER R		EYMAR	М	
	26a. METHOD OF DISPOSITION BUR 1 Duriel 2 Cremation 3 Remo	Val from State	HAUGH'S		emetery, crematory or Y		CATION — City of T ADIESBUR	
	21. SIGNATURE OF FUHERAL SERVICE LICE	O. Kach	len	22. NAME /	WOODS!	BORO, MD	HARTZLE	R & SONS
	23. PART I. Enter the diseases, or conshock, or heart fellure. L			not enter the m	ode of dying, suc	h as cerdiec or respi	ratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	BBA	ADYARI	EV.				Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF A CONSEQUENCE OF SMOLD	TERIOR DN PI:		RAL MYO	CAKOIAL	
DICAL	PART II. Other algoriticant conditions	s contributing to death it	_	In the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOI	RMEO?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Ch			
PHYSICIAN: ME	1 U YES 25 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c. II	MJURY AT /ORK?	6 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCURED	
ED BY	1 S Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined 4 Homicide Accident Investigation 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Route Number,	
COMPLET	anal anny	CIAN: To the best of my know R: On the basis of examination						(e) end menner se stated.
TO BE C	4.1011111	sello, M.D.			29c. LICENSE NUI D2754		29d. DATE SIGNE 9(21)	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO JOHN A. VIT				FREDERICK	. MD		
	31. DATE FILED (Month, Day, Year) SEP 2 4 90	32 PREGISTRAR'S SIGN	NATURANDER			,		



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

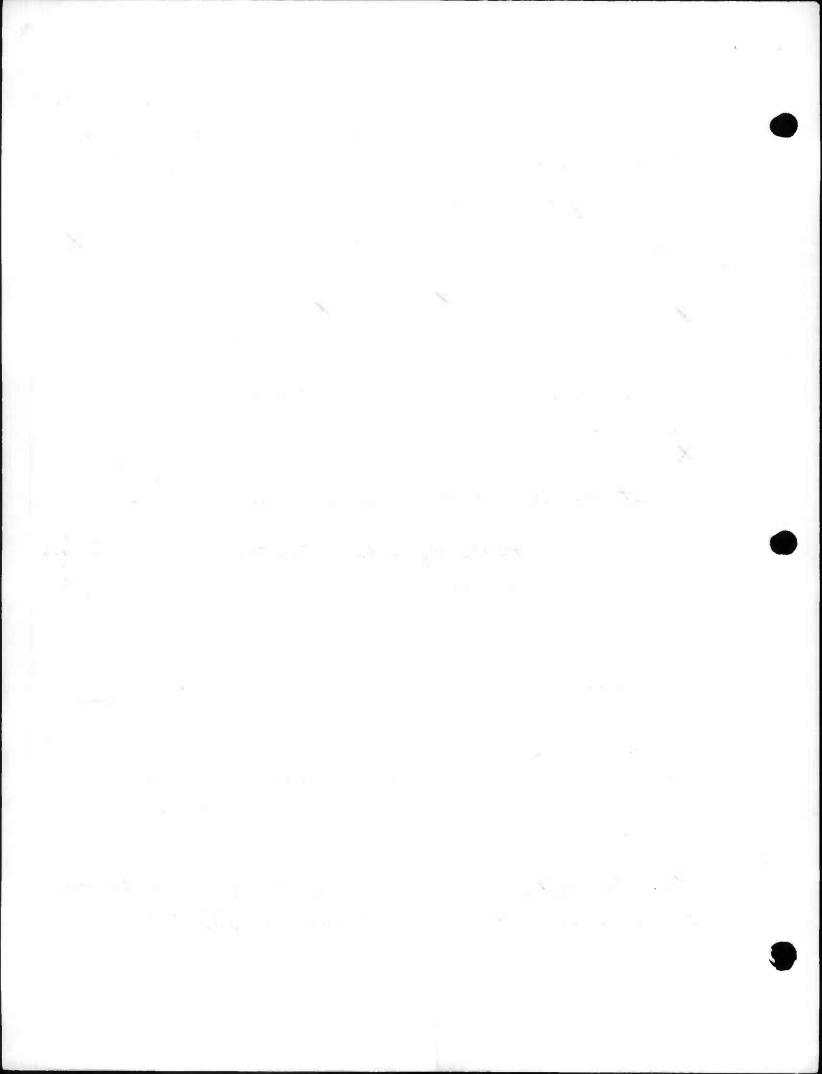
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit member filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	74	tion,	the state
ó	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he dea	the att	njury,
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	1 SIAIE	YLAND / DEPARTM				q	0 27030
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICA	ATE OF DE	2. D	REG. NO.		3. TIME OF OEATH
	ROBERT C.	ARMAC	COST	MC	9 ac	- 5	AR 1607 M
	219-03-3354 1×1120F	86 YRS. MON	NTHE DAYS HOURS	s MIN. OS	TE OF BIRTH Ionth, Day, Year) 7-14-/5	704 M	entreplace (State or Foreign Country) aryland
TOR	90. FACILITY NAME (If not institution, give street end number) CARROLL COUNTY GENERAL FRESIDENCE OF DECEDENT		WESTMIN		,	OARI	COLL
DIRECTOR	10a. STATE 10b. COUNTY M 7 Baltimore		own or Location erco, Mary	yland			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 15218 Hanover Pike		10f. ZIP CO	2115	5	10g. CITIZEN	OF WHAT COUNTRY?
UNE	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ABMED	13. WAS OECENDEN	T OF HISPANIC OR	IGIN? (Specify Yee	or No- 14.	RACE — American Indien, Black, White, etc.
B	1 Never Merried 2 Merried IF YES, GIVE WAR O	OR DATES	1 - YES 2		nto moen, etc.,		SpecMy: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7th grade	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel Carpente	done during most of wo tired.)	orking	Worthir Home In	ngton	
	17. FATHER'S NAME (First, Middle, Leat) Henry W. Armacost	our perice	18. M	other's name (Fit Alice 0.	rst, Middle, Maiden	<u> </u>	icii co
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Calvin W. Armacost		oness (Street and Num anover Pil				
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE OF DISPOSITION Other place) Mt.	Zion Ceme				or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ### HULLS W. E.	line	22. NAME AND ADD		Eline F	uneral	l Home
	23. PART I. Enter the diseases, or complications that ca	used the death. Do not	enter the mode of	dying, such as	cardlec or reapl	ratory arrest.	Approximate
	ahock, or heert fellure. List only one ceuse of IMMEDIATE CAUSE (Finel disease or condition resulting in death)			- X		,	Interval Between Onset and Death
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR	on each line. Le MYOCAT AS A CONSEQUENCE OF:		- X			Interval Between
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR HER)			- X			Interval Between
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	TE MYOCAY as a consequence of: WD		- X			Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):		- X			Interval Between
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	dial in	Farefr	on	AUTOPSY MED?	Interval Between
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. DUE TO (OR d. D. D. D. D. DUE TO (OR d. D. D. D. D. D. D. D. DUE TO (OR d.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): with but not resulting in the consequence of the consequen	dial (h	Farefr	I. 24a, WAS AN PERFOR	AUTOPSY MED?	Interval Between Onset and Death 2 Aays 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death of the conditions conditions contributing to death of the conditions conditions contributing to death of the conditions contributing to death of the conditions conditions contributing to death of the conditions conditio	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AND A CONSEQUENCE OF): AND A CONSEQUENCE OF): AND A CONSEQUENCE OF): AND A CONSEQUENCE OF):	26. PLACE O	F DEATH (Check on	I. 24e. WAS AN PERFOR 1 U YES 2	AUTOPSY MED?	Interval Between Onset and Death 2 days VFS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death of the cause contributions co	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AND A CONSEQUENCE OF): A CONS	26. PLACE O	F DEATH (Check on	I. 24e. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onset and Death 2 days VFS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death of the conditions conditions contributing to death of the conditions c	AS A CONSEQUENCE OF):	26. PLACE O	F DEATH (Check on 28d.	I. 24a, WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW II	AUTOPSY MED? NO NO NJURY OCCUR	Interval Between Onset and Death 2 days VFS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR	AS A CONSEQUENCE OF):	26. PLACE OF THER: 26. PLACE OF THER: WORK? M 1	F DEATH (Check on 28d.	I. 24a, WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW II LOCATION (Street of Town, Spate)	AUTOPSY MED? NO NJURY OCCUR and Number or i	Interval Between Onset and Death 2 days VFS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death of the cause of the cau	AS A CONSEQUENCE OF):	26. PLACE OF THER: Nursing Home 5 of WORK? M 28c. INJURY A WORK? M 1	F DEATH (Check or Part Part Part Part Part Part Part Par	I. 24a, WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW II LOCATION (Street of Town, Spate)	AUTOPSY MED? NO NJURY OCCUR and Number or i	Interval Between Onset and Death 2 days //S 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO Rural Route Number, euse(e) and manner as stated.

6867386 MR# 13-31-11 CCUE HARSHEY
09-14-04 M 09-09-19-90

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46	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit premoval.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-frours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

SEP 17 1990

TO BE COMPLETED BY FUNERAL DIRECTOR	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

												rial wife
1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENT	REG. NO.	_ (70-	2703
1. DECEDENT'S NAME (First, Middle, Last)								MO	TE OF DEATH	,	YEAR	3. TIME OF DEATH
HARRIET	SHOWELI	L BALD						Se	pt. 16		990	Ам
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH		8. BIRTHI	PLACE (State or Foreign
213-22-4691	1 - M 2 F	66	YRS.	MONTHS	UATS	noons	more.	6	720/19	24	Mar	yland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN O	R LOCATI	ON OF DI	EATH		9c. COU	NTY OF DE	EATH
267 Rugby (Court				Arn	old				Anı	ne A	rundel
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		10c, CI	ry, town	OR LOCAT	ION						10d. INSIDE CITY
MD. Anne	Arund	el	1225	A	rno	l d						LIMITS?
10e. STREET AND NUMBER						ZIP COD	E			10a, CIT	IZEN OF W	HAT COUNTRY?
267 Rugby (Court					210	12					S. A.
11. MARITAL STATUS		NT EVER IN U.S. A	BMED	13.	WAS DEC			NIC ORI	GIN? (Specify Yea	or No-	14. RACE	— American Indian
1 Never Married 2 Married	FORCES?	YES 2	NO	"	If yes, spe	clfy Cuba	n, Mexica	n, Puar	to Rican, etc.)	0, 110	7-1-7-	— American Indian, , White, etc.
3 Widowed 4 Olvorced	IF 123, GIVE	MAN ON DATES			1 📙 163	2 Mino	Specii	у:			SPW.	hite
15. OECEOENT'S EOL		16a. D	ECEDENT'S	USUAL C	OCCUPATIO	N .		- 19	16b. KIND OF BUS	INESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u			BT OF WORK!	ng					
	4	Ho	mem	aker	r				Но	me		
17. FATHER'S NAME (First, Middle, Last)	r								st, Middle, Maiden			
John Dale Sl	nowell,	Jr.				S	aral	n H	icklin	g		
19a. INFORMANT'S NAME (Type/Print)									lumber, City or Town		,	
LeRoy Bald			267	Rugh	by C	tag	Arı	101	d, MD.	210	012	
20a. METHOO OF DISPOSITION 1 Burlel 2 Cremellon 3 Ren	and less State	20b. PLACE	E OF DISPO	SITION (N	lame of cen	netery, crer	matory or				City or Tox	
4 Donation 5 Other (Specify)	noval from Stata	St	An								olis	, MD.
21. SIGNATURE OF FUNERAL SERVICE C	CENSEE			22	NAME AN	ADDRE	SS OF FA	CILITY	al Cha	nal		
* Yestry S.	Tayl	9									nnap	olis, MD.
23. PART I. Enter the diseases, or shock, or heart fellure.	complications th	at caused the duse on each lin	leath. Do na.	not ante								Approximata Intarval Between
IMMEDIATE CAUSE (Final disease or condition	12 -	7	-		0.							Onset and Deeth
resulting in death)	a. Dra	cu /1	lu	10	7							> pronti
	DUE TO	O (OR AS A CONS	EOUENCE (OF):	,							
Sequentially list conditions,	b	O (OR AS A CONS	EQUENCE (363								
If any, leading to immediate cause. Enter UNDERLYING	DOE IN	J (ON AS A CONS	EOUENCE (JF}:								j
CAUSE (Diseese or Injury	C. OUE TO	O (OR AS A CONS	EQUENCE (OF):								<u> </u>
thet initiated eventa regulting in deeth) LAST				,,								
	d											+
PART II. Other algolificent condition	ns contributing to	o death but not	reaulting	In the u	ındariying	ceuse	given in	Part I	. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 TYES 2			COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (C	heck onl	y one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	ER: ursing Hom	· SPIR	asidence	8 🗆 0	Other (Specify)			
27. MANNER OF DEATH	25a. DATE O	F INJURY	28b. TI	ME OF	28c, INJ	URY AT		_	OESCRIBE HOW I	NJURY O	CCURED	
1 Natural 5 Pending		Day, Year)	II.	IJURY M		RK? /ES 2 [NO					
Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined.	28e. PLACE	OF INJURY — Al I	home, farm,	, street, la	ctory, offic	8			LOCATION (Street a City or Town, State)	and Numbe	or or Rural R	loute Number,
29a. CERTIFIER () CERTIFICATION DATE:		A seeman			0.007							
(Check only	SICIAN: To the best of) and manner as stated.
	//		veatigat	-on, in my	ориноп, а				umia ariti pieca, an			
298. SIGNATURE AND TITLE OF CERTIFI	DPI	1				29c. LIC	ENSE NU	MBER		29d, DA	TE SHUMED	(Mogth, Day, Worr)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E	90 27032
	1. DECEDENT'S NAME (First, Middle, Last) CARRIE BROWN					2. DATE OF DEATH DO	90	3. TIME OF OEATH
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 213-48-5869	1 □ M 2 <u>y</u> [] F	87 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12–18–02	a. B	BIRTHPLACE (State or Foreign Country) altimore, MD
TOP	90. FACILITY NAME (If not Institution, give str NORTH ARUNDEL HOSPITA RESIDENCE OF DECEDENT				R LOCATION OF DE.		ANNE A	RUNDEL
DIREC		Arundel		rown or Locat erna Pa	k			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
ERAL	301 Westhaven Dri	.ve			21 146		U.S.	OF WHAT COUNTRY?
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.) :	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give idnd of wo life. Do NOT use Homemaks	ork done during mo retired.)		166. KINO OF BU	SINESS/INDUS	TRY
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Meiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	La	rkin	ADDRESS (Street 6	Mary	Toute Number, City or Tow	n. State. Zio Co	ode)
٩	Nancy Fromm					Baltimore,		
	20e. METHOD OF DISPOSITION 1	oval from State	other place) EW Cathed				cation — cm timore	y or Town, State
	21. SIGNATURE OF FURENAL SERVICE LIC		- Caorica	22. NAME A	D ADDRESS OF FAC	ашту 4	95 Rit	chie Hwy. ParkMD21146
CERTIFICATION	23. PART I Enter the diseases, or cahock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ech iine.	epris A T	, .			Approximate Interval Between Onset and Death 2 Lay 2 Way/ks
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	a contributing to death b	out not resulting le	the underlyin	g cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)		
IYSK	1 VES 2 NO 27. MANNER OF CEATH	HOSP TAL: 1	patient 3 DOA		e 5 Residence	8 Other (Specify)	M HARY COCIA	DED.
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY W	PRK?	280. DESCRIBE NOW	INJUNT OCCU	NED .
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, st city)	treet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
COMPLETED	CONSTRUCTION OF THE PROPERTY O	CIAN: To the bast of my know R: On the basis of examination			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			l. cause(s) and manner as stated.
TO BE (296. SHOMATUME AND TITLE OF CERTIFIES	160	up Se)	29c. LICENSE NUI	MBER Y Y	29d. DATE S	SIGNED (Mounth, Day, Year)
•	DR. DAVID A. SCHWARTZ 31. OATE FILED (MONTH, Day, Year) SEP 2 0 1990		DRIVE GLEI	,	MARYLAND	21061	-	

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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1990

12/6/90 cm 90 27033 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) YEAR MABEL G. BROWN PM 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 72 DAYS HOURS 1 M 2 XF 214-07-2998 YRS. July 6. 1918 Maryland 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) ANNE ARUN DEL NORTH ARUNDEL HOSPITAL HOSPITAL DRIVE GLEN BURNIE MARYLAND CTOR Pages 1, 2, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY DIRE Anne Arundel Maryland Glen Burnie 1 YES 2 KNO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 7900 Benesch Circle 21060 U.S.A. use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21203-3146 1 Never Married 2 Married BY 3 Widowed 4x Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compsigned by the attending physician and completely filled in by the funeral director, page 5 should be detached for i Health and Mental Hygiene prior to burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) 12 Clerk Drug Store 17. FATHER'S NAME (First, Middle, Last) FRANK FREDERICK BAIN 16. MOTHER'S NAME (First, Middle, Melden Surner TINE MCLUCAS Bessie C. McLucas Frank Frederick Brown Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7537 Balto.-Annap. Blvd. Glen Burnie, MD 21060 Patricia Cannon urs after death. Page 6 may be pe 20s. METHOD OF DISPOSITION
1 A Buriel 2 Cremetion 3 C
4 C Donetion 5 C Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State examiner must Meadowridge Mem. Pk. Dorsey, Howard, MD 22. NAME AND ADDRESS OF FACILITY
Kirkley Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSE 421 Crain Hwy. S.E. GlenBurnie. 21061 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heert failure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Finei disease or condition _____ executed within event, BOX 13146, traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be OUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury other that initiated events P.O. resulting in deeth) LAST 6 certificate has been signed by the atternate or the State Dept. of Health and Mental J, or Item 23 shows any Injury, OF VITAL RECORDS, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY this c is marked, 1 Natural 5 Pending investigation 1 YES 2 NO . DIRECTOR: After the hours after death w BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 28 4 Homicide determined Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL | MPORTANT: If 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. within 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 를 불 뿔 oddi 1375 86 90 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Parit) DR. SHOBHA D. REDDY 300 HOSPITAL DRIVE GLEN BURNIE MARYLAND 21061

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	1. DECEDENT'S NAME (First, Middle, Last)					REG. NO. 2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF OEATH			
- 10		M. Beauc				MONTH 9 - 16 - 9		3:45p.			
)	2 2 0 - 0 1 - 8 1 9 6	1 □ M 2 🔀 F	SE (In yrs. lest birthday,	MONTHS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Dey, Year) 06-12-1909	0	errhplace (State or Foreign ountry) Maryland			
1010	96. FACILITY NAME (If not institution, give street end number) Edw.W.McCready Memorial Hospital Crisfield Somerset										
	10a. STATE 10b. COUNTY Maryland Som		risfield								
EHAL	10% STREET AND NUMBER 409 Myrtle Stree		10	or. ZIP CODE 2181		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMEO ES 2 M NO R DATES	If yes, a	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apecify Cuben, Mexican, Puerto Rican, stc.) 1 VES 2 NO Specify: White							
releb	15. OECEOENT'S EQUC (Specify only highest grade Elementary/Secondery (0-12) Grade 10		18a. OECEDENT (Give kind o life. Do NOT HOUSEW	f work done during m use retired.)	JSUAL OCCUPATION ork done during most of working retired.) FO						
	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NAME (First, Middle, Maiden Surname)								
מו	Ira Sterling			Lula	ula Elliott						
2	19a. INFORMANT'S NAME (Type/Print)	IG ADDRESS (Street	ESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Shirley R. Beauchamp Same as 10 a,b,c,d,e,f										
	20b. METHOD OF DISPOSITION 09_19_0 1 M Burfel 2 Cremetion 3 Hemoval from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) Sunnyridge Memorial Park 21. SIGNATURE OF JUNEAU SERVICE LICENSEE 22b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) Sunnyridge Memorial Park Crisfield, MD 22. NAME AND ADDRESS OF FACILITY										
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons, Main St., Crisfield, Md. 23. PART I. Enter the diseases, or complications that caused the death. So not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Hour Tolland	AS A CONSEQUENCE	cire Co	ndiou	escula de	Zeer	- Yda			
MEDICAL CE	PART II. Other eignificant condition	ng ceuse given	In Part I. 24e. WAS AN AU PERFORME 1 □ YES 252	D?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO						
NA.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
2	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:		ce 6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU		TIME OF 28c. II	NJURY AT YORK?	26d. DESCRIBE HOW INJU	JRY OCCUR	ED			
207	2 Accident Investigation	281. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
ED BY	4 Homicide 6 Could not be										
COMPLETED BY	4 Homicide determined 29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSI (Check only one)	ER: On the basie of exami			, death occured at	the time, dete end place, end d	lue to the ca				
TO BE COMPLETED BY PHYS	4 Homicide determined 298. CERTIFIER (Check only one) 298. INGNATURE AND ADDRESS OF PERSON WITH CONTROL OF CERTIFIER 30. NAME AND ADDRESS OF CERTIFIER 30. NAME	ER: On the basic of examin	nation end/or investige	ation, in my opinion,	death occured at	the time, date and place, and d					

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

Maryland

10e. STREET AND NUMBER

HANCE

05-10-5572

9a. FACILITY NAME (If not institution, give street and number)

Washington County Hospital

ROUN

1 X M 2 | F

Washington

6. AGE (In yrs. lest birthday)

C/R'

IF UNDER 1 YEAR DAYS

10c. CITY, TOWN OR LOCATION

Hagerstown

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Hagerstown

10f. ZIP CODE

a. BIRTHPLACE (State or Foreign Country) West Virginia

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

9°EAR

9c. COUNTY OF DEATH

USA

Washington

10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Mogth, Pay, Year

121 Cal	121 Calvert Terra	ace		21740		USA					
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes	DECENDENT OF HISPAN I, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rica			- American Indian, White, etc.		
밀	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done durin	PATION g most of working	16b, KI	ND OF BUSINESS/INDU	JSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	chie:	f chen	ist		railroad				
E CON	17. FATHER'S NAME (First, Middle, Lest) Charles W. Brown				100	me (First, Mide aret M	de, Meiden Surname) lartin				
TO B	19a. INFORMANT'S NAME (Type/Print) Peggy S. Brown				Terr., Ha			Code)			
	20a, METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem	oval from State	other place)	TION (Name o	f cemetery, crematory or	5-1-0-	20c. LOCATION — C				
	4 Donation 5 Other (Specify)	Elmwood C			On 17514	Shepher	dstow	m, W.Va.			
	21. SIGNATURE OF FUNERAL SERVICE U	Dinn	ich	MII	E AND ADDRESS OF FA NICH FUNE E. Wilson	RAL HO		own.	Md. 21740		
	23. PART I. Enter the diseases, or shock, or heert failure. **MMEDIATE CAUSE (Final disease or condition resulting in death)**	a. BCOOD			- 28			iat,	Approximate Interval Between Onset and Deat		
CERTIFICATION	MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
4: MEDICAL	PART II. Other significant condition	ns contributing to death t	out not resulting in	the under	lying cause given in		4e. WAS AN AUTOPSY PERFORMED?	All C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF DEATH (Ch	eck only one)					
Sic	1 VES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ER/Out		OTHER: 4 Nursing	Home 5 - Residence	6 Other (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY	WORK?	28d. DESCE					
ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe					ATION (Street and Number or Rural Route Number, or Town, State)				
COMPLET	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know							and manner as stated.		
TO BE	MENIA	Fame	4 144	SLCIA	29c. LICENSE NU	MBER 06-	29d. DATE	SIGNED (A	Month, Day, Year)		
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	AUG 30 SU	32. REGISTRAR'S SIGN					7		MID.		
	A00 > 00	(1							Diment on D		

W INJURY OCCURED set and Number or Rural Route Number, , and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

Angeles.

TO BE COMPLETED BY FUNERAL DIRECTOR

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Раде 6 тау	I director, pag		er must b
after death.	by the funera	emoval.	lical examir
ithin 24 hours	letely filled in	emation, or n	nt, the med
be executed w	lan and comp	w to burial, co	numatic eve
th certificate t	ending physici	Hygiene prio	or other tra
that the deat	ed by the att	th and Mental	any injury,
law requires	nas been sign	Dept. of Healt	23 shows
INSICIAN: The	is certificate !	ith the State	ed, or item
TENDING PH	TOR: After th	after death w	28 is mark
SPITAL OR AL	IERAL DIREC	in 72 hours	IT: If Item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FP 1 7 '90

	STATE UP MANTL	AND / DEPART			MENTAL	HYGIEN REG. NO		U	27036
DECEDENT'S NAME (First, Middle, Lest)	Henon Ray	BLACKSTOC	K		2. DATE O	F DEATN			3. TIME OF OEATH
Henon R	11011011 1101	Blacksto			Sept.		1990	YEAR	91400
SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN	1990	S. BIRTI	NPLACE (State or Foreign
258-20-4091	1 M 2 □ F 65	YRS.	ONTHS DAYS	HOURS MIN.	Oct	Day, Ybar) 14,	1924		orgia
. FACILITY NAME (If not institution, give atr			96. CITY, TOWN O	R LOCATION OF DE	EATN		9c. COU	NTY OF E	DEATN
9 West Oak Ridge	Drive		Hagers	town			Wasl	hing	ton
a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY
aryland Washin	aton	Наста	rstown						LIMITS?
o. STREET AND NUMBER	ig con	I nage		ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
9 West Oak Ridge	Drive			21740			1	U.S.	Δ
. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAI	NIC ORIGIN	(Specify Ye			E American Indian, k, White, etc.
Never Married 2 X Married	FORCES? 1X YES IF YES, GIVE WAR OR D			cify Cuban, Mexica 2 [X] NO Specif		can, etc.)			
☐ Widowed 4 ☐ Divorced								wh	ite
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION	N at of working	16b.	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo retired.)						
12	0	retired	Navy				U.S.	Gov	7 •
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Maiden	Surname)		
lewton Blackstock				Mae					
a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					7.4.0
irs. Rita Smargia	ssi Blacksto	ne 9 W. C	Jak Kidg	e Dr., I	Hager	stown	, Ma.	21.	740
a. METNOD OF DISPOSITION Method 1	ovel from State	other place) Cedar Lawn	Nemori	al Park			cation —		own, Stata Maryland
. SIGNATURE OF FUNERAL SERVICE-LIC		-//		D ADDRESS OF FA	CILITY	1	80100	- WII	, 1101) 10110
Danon	.Uh um	ich	MINNI 415 E	CH FUNE	RAL H	OME d.,Ha	gerst	own	Md. 2174
23. PART I. Enter the diseases, or cahock, or heart failure. I MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions, f any, leading to immediate lause. Enter UNDERLYING		ech line. ··		sis un		00 07 100	U		Approximate Interval Betwee Onset and De
AUSE (Disease or injury nat initiated events paulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)							
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ART II. Other algorificant condition	a contributing to death i	but not resulting in	the underlying	g ceuse given in	Part I.	24s. WAS AI PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
			24 04	ACE OF DEATH (C)	heck only on)			
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL -			ACE OF DEATH (C	Tradit Olly Oll				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Out		OTHER:	6 5 M Residence		(Specify)			
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATN			OTHER: 4 I Nursing Hom OF 26c. INJ	6 5 M Residence	6 🗆 Other	(Specify)	INJURY OC	CURED	
1 Tes 2 No	1 inpatient 2 ER/Out 26a, DATE OF INJURY	patient 3 DOA 26b. TIME	OTHER: 4 Nursing Horr OF 26c. INJ	e 5 M Residence	6 🗆 Other		INJURY OC	CURED	
EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	1 inpatient 2 ER/Out 26a, DATE OF INJURY	26b. TIME INJU	OTHER: 4 Nursing Hom OF 26c, INJ IRY WC	URY AT Residence	6 Other 28d. DES	CRIBE NOW	and Numbe		Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation	1 inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	26b. TIME INJU	OTHER: 4 Nursing Hom OF 26c, INJ IRY WC	URY AT Residence	6 Other 28d. DES	CRIBE NOW	and Numbe		Route Number,
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 9e. CERTIFIER (Check only	1 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME INJU Y — At home, farm, strength occurred whedge, death occurred	OTHER: 4 Nursing Horr OF 26c. RN. WC M 1 1	URY AT PES 2 NO	6 Other 28d. DES 26f. LOC. City o	CRIBE NOW ATION (Street or Town, State	and Numbe	or or Aurai	
1 YES 2 NO 7. MANNER OF DEATN 1 Netural 2 Accident 3 Suicide 4 Homicide 8a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe CIAN: To the best of my know	28b. TIME INJU Y — At home, farm, strength occurred whedge, death occurred	OTHER: 4 Nursing Horr OF 26c. RN. WC M 1 1	in 5 M Residence URY AT RK? YES 2 NO e and place, and du- leath occured at the	6 Other 28d. DES 28f. LOC City of	CRIBE NOW ATION (Street or Town, State	and Numbers)	er or Aurai	(a) end menner as stated
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 9e. CERTIFIER (Check only	1 inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe CIAN: To the best of my know	28b. TIME INJU Y — At home, farm, strength occurred whedge, death occurred	OTHER: 4 Nursing Horr OF 26c. RN. WC M 1 1	URY AT PES 2 NO	6 Other 28d. DES 28f. LOC City of	CRIBE NOW ATION (Street or Town, State	and Numbers)	er or Aurai	
EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Impatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spa CIAN: To the best of my know R: On the basis of axamination	y — At home, farm, strolly) Y — At home, farm, strolly) Wiedge, death occurred on and/or investigation	OTHER: 4 Nursing Hom OF 26c. INJ INY M 1 1 reet, factory, office d at the time, data i, in my opinion, c	in 5 M Residence URY AT RK? YES 2 NO e and place, and du- leath occured at the	6 Other 28d. DES 28f. LOC City of	CRIBE NOW ATION (Street or Town, State	and Numbers)	er or Aurai	(a) and menner as stated

32. REGISTRAR'S SIGNATURE

Suit Davidson Randall.

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 20 hours after death with the State hear of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SON WO COMPLETED CAUSE OF

1 - FOR STATE REGISTRAR	STATE OF N			MENT OF H		MENT	AL HYGIEN REG. NO.	E	90	27037
1. DECEDENT'S NAME (First, Middle, Last)						2. OAT	E OF OEATH	Υ	YEAR 3	TIME OF OEATH
Char	les E		Bru	mmell.	Sr.	9			1.00	4.30 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH nth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
217-03-2858	1 X M 2 G F	82	YRS.	MORTHS DAYS	HOURS MIN.	111,	/08/07			ware
Sa. FACILITY NAME (If not institution, give a	treet end number)			96. CITY, TOWN O	R LOCATION OF	DEATH		9c. COU	NTY OF DEA	тн
Memorial RESIDENCE OF DECEDENT	Hospita	1		Eas	ston			Т	albo	t
10a. STATE 10b. COUNTY Maryland Ca	roline			town or Locat ederal			-			Dd. INSIDE CITY LIMITS? YES 2 1 NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITI		AT COUNTRY?
Rt. 1, Box 1	T				216				J.S.A	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	FORCES? 1	T EVER IN U.S. AF	NO	If yes, sp	ENDENT OF HISF ecify Cuban, Mex 2 X NO Spe	Ican, Puert		or No-	14. RACE — Black, \ Specify:	- American Indian, White, etc. Black
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			JSUAL OCCUPATION OF MORE		10	66. KIND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	HA.	. Do NOT use	retired.)	at or working		0			
3rd		F	arme	r			Agr	1 C U I	ture	
17. FATHER'S NAME (First, Middle, Last) Samuel Brumm	ell			i			ilghm		rumm	e11
19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number or Rur	ral Route Nu	imber, City or Tow	n, State, Zip	Code)	
Mrs. Ethel P	. Brumm	ell	Rt.	1. Bo:	x 127A	. Fe	ederal	sbur	a. M	D 21632
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	ITION (Name of cer					Cify or Town	
1 Buriel 2 Cremetion 3 Rem	loval from State	other p	Fe Fe	deral	Hill C	em.	Fe	dera	1 sbu	rg, MD
21. SIGNATURE OF FUNERAL SERVICE LI					ID ADDRESS OF					
Nuclei 1	- Galen	4.0			mptom-					
· Machan	- 6000									21632
23. PART I. Enter the diseases, or shock, or heart feilure.				ot enter the mo	de of dying, s	uch as ci	irdlec or respi	retory sn	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	1.	adden								Onset and Death
resulting in death)	. ky	no han	11/2	i .						
	MU	OF AS CONSE	ailu	y.						
Sequentially list conditions, if sny, leading to immediate	OUE TO	(OR AS A CONSE	QUENCE OF): ,	0.4.1	,				
CAUSE (Disease or injury	· M	noul	TOP	k C	mi	7				
that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE OF	91/	1 Horte	c	Cana	1		
	d. YEV	77		1000	77					1
PART II. Other significent condition	ne contributing to	deeth but not	resulting i	n the underlyin	g cause given	in Part i.	24a, WAS AN PERFOR		1 1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
							1 TYES 2	- HO		OMPLETION OF CAUSE OF DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PI	ACE OF OEATH	(Check only	one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:						
27. MANNER OF DEATH	26e. DATE O	FINJURY	28b. TIMI	E OF 28c. IN.	URY AT		DESCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation		Day, Year)		M 1 🗆	YES 2 NO				-	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE (building	OF INJURY — AI h , etc. (Specify)	ome, farm, a	treet, factory, offic	•		OCATION (Street ity or Town, State)		r or Rurel Ro	ute Number,
29a. CERTIFIER (Check only one)	SICIAN: To the best o	f my knowledge, d	leath occurre	d at the lime, date	and place, end	due to the	cause(e) end ma	nner as sta	rted.	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin

•								gar "
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN REG. NO.	E	90 27038
	1. DECEDENT'S NAME (First, Middle, Last)	Bayter				2. DATE OF DEATH MONTH 9	15	YEAR 3. TIME OF DEATH
	4. BOCIAL SECURITY NUMBER 8.	SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	<i>'</i>	8. BIRTHPLACE (State or Foreign
	311 10 3320	□ M 2X F 35	YRS.	ONTHS DAYS		NOV 1 19		MICHIGAN
TOR	98. FACILITY NAME (If not institution, give street HARFORD MEN RESIDENCE OF DECEDENT	MORIAL H	osp. °	2 /	LOCATION OF DE		0.6	ARFORD
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND CEC	CIL	·	OWN OR LOCATE	SUN	RUAD		10d. INSIDE CITY LIMITS? 1 □ YES 2 NO
	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
EB	697 HARRINGTON	ROAD			2191	1		USA
FUNERAL	11. MARITAL STATUS 12	WAS DECEDENT EVED IN	U.S. ARMED	13. WAS DECI	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	res 1	1 TYES	NO Specify	n, Puerto Rican, atc.)		Specify:
						Las vino or nu	201500/100	WHITE
TED	15. DECEDENT'S EDUCATI (Specify only highest grade com	pleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos	t of working	16b. KIND OF BU	SINESS/IND	USTRY
COMPLET	Elementary/Secondary (0-12) CUNKNOWN	ollege (1-4 or 8+)	BUSINE		FD	RESTA	A K G I I L	ייינ
8	17. FATHER'S NAME (First, Middle, Last)		DODINE	JD OWN		ME (First, Middle, Maiden		V I
	WILLIAM G.	GRIFFOR			MARY	AGNES BO	DDE	
BE	19a, INFORMANT'S NAME (Type/Print)	0111111011	19b. MAILING A	DDRESS (Street a		Route Number, City or Tow		Code)
임	JOHN J. BAXTER		697	HARRIN	GTON RO	DAD, RISI	ING S	SUN, MD
	20a. METHOD OF DISPOSITION X X Burlal 2 Cremation 3 Ramoval	20b.	PLACE OF DISPOSIT					City or Town, Stata
	A Donation 5 Other (Specify)		DLY CRO	SS CEM	ETERY	ST	CLA	AIR, MICH
	21. SIGNATURE OF FULLHAL SERVICE LIDENS					TUNERA	AL HO	OME
-	17 Luc	4				JN, MARYI		
-	23. PART I. Enter the dissesses, or com			t enter the mo	da of dying, auc	h as cerdiec or resp	iratory sn	
	ahock/or haert fellure. List IMMEDIATE CAUSE (Fins)	Only one cause on as	ch line.					Interval Between Onset and Death
	disease or condition	Septio	Ala	ck				24/1
	resulting in death)	PUE TO JOH AS A	CONSEQUENCE OF	7	` /	1 1	1,	7.07.
z	C.	Hepali	¿ Va	ilure	with	melal	olic	acidosis one wto
윤	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	10				2
2	cause. Enter UNDERLYING CAUSE (Disease or injury	Hepalie	s the	elusa	-			
분	that initiated events resulting in deeth) LAST	DEE TO (OH AS A	CONSEQUENCE OF	-0- 0	1 4	nec's Cur		11 2
CERTIFICATION	_ d	lemin	al the	Twee	Xuen	nees cur	7/200	res !
	PART II. Other eignificent conditions of	ontributing to deeth be	at not resulting in	the underlying	cause given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
2	G. I. ble	ednig a	ne to	Ilso	phale	al 1 VES		COMPLETION OF CAUSE OF DEATH?
	hemorrhe	sel.	e Van	ceel	,0			1 TYES 2 NO
PHYSICIAN: MEDICAL		0						
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (C/	eck only one)		
SIC		Minpatient 2 ☐ ER/Outp		OTHER: Nursing Horr	e 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME INJU	RY WC	RK?	28d. DESCRIBE HOW	BNJURY OC	CURED
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆				
	3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec		eet, factory, offic		City or Town, State		r or Rural Route Number,
COMPLETED	OD CERTIFIED	L		.556.55	31 200			V2
MPL	(Check only	N: To the best of my know						Paralles attaches accepted
CO	MEDICAL EXAMINEN:	On the pasis of examination	and/or investigation	, in my opinion, c		TO BE LEWIS !		he cause(a) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1 + 00	. \		29c. LICENSE NU	MBER	29d. DAT	TE SIGNED (Month, Day, Year)
00		- 1 A W	2001				1 67	116 196

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE
JULIA DAVI doon-Randalla

31. DATE FILED (Month, Day, Year)
SEP 1 7 '90

DHMH-16 Rev 1/89

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ir exion	~ D a	es 1. 2.	second diff
BALTIMORE, MARYLAND 21203-3146	24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should be detached for use as the burial-transit permit. Pages 1, 2, should be detached for use as the burial-transit permit. Pages 1, 2, should be detached for use as the burial-transit permit. Pages 1, 2, should be detached for use as the burial-transit permit.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	I THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within zer incurs after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it and under the house dear with the Street Park and Manral Kanana principle reporting on amount	PROPERTY. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMPORTANT: If

SEP 13'90

Lulia Savidson Randalle

253

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH ()9 1990 Reginald Brumfitt (nmn) 10:00 A M 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 04-18-33 213 52 7381 1 M 2 F 57 VBS Scotland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR 2326 Emory Road Finksburg Carroll RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland ö Carrol1 Finksburg 1 YES MEN NO RAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2326 Emory Road 21048 Scotland | FUNE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 ZX ZND If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Narried 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 11 Stone Mason Masonry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Maiden Surname) John Brumfitt Mabel C. Brumfitt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 9 Catherine S. Brumfitt 2326 Emory Road, Finksburg, Maryland 21048 20a. METHOD OF DISPOSITION
1 Carried 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Emory U.M. Church Cemetery Finksburg, MD 4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FAMERIAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD 21157 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or heart fallura. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition MYOCARDIAL INFARCTION resulting in death) DUE TO (OR AS A CONSEQUENCE DF) HBP CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING ALCOHUSM CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE DE) that initiated events resulting in death) LAST INSUFFICIENC IVER PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 THO 4 - Nursing Home 5 - Nesidence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNEB OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, Olty or Town State) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE PHYSICIAN (n) D25804 112 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3125 BALTO BUD, FINKSBURG, MD 21048 R. RICCITYD -31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		ATE OF DEATH	REG. NO.	21040
1. DECEOENT'S NAME (First, Middle, Last)	A 10		2. DATE OF DEATH	3. TIME OF OEATH
Alfied W	Buhrn	040	MONTH DAY YEAR	1714 "
	- T	UNDER 1 YEAR IF UNDER 24 HRS.		HPLACE (State or Foreign
215.07-7137 10 M2 OF	7 YRS. MOI	NTHS DAYS HOURS MIN.	(Month, Day, Year) Coun	MD
9e. FACILITY NAME (If not institution, give street end number)	9b	CITY, TOWN OR LOCATION OF DE		DEATH
Carroll County Gen. Ho	snital	Westminste	r Carrol	1
RESIDENCE OF DECEDENT	DD I OUI	WO DO GREET DO GO	0 411 01	- 4-
10a. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?
MD Carroll	Mid	dleburg		1 TYES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE	10g. CITIZEN OF	WHAT COUNTRY?
5800 Middleburg Rd.		21768	U.S.	
11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1		13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico	IIC ORIGIN? (Specify Yes or No — 14. RAC	E — American Indien, ik, White, atc.
1 Never Married 2 Merried IF YES, GIVE WAR WILDING WIL		1 TYES 2 NO Specify		ite .
		<u> </u>		ite
15. DECEDENT'S EDUCATION (Specify only highest grade completed)		done during most of working	16b. KINO OF BUSINESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re			
	parts m		[Internationa]	. Harvestor
17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden Surneme)	
Alfred Reno Buhrman			Hays	
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Code)	
Thelman Rowe	5800 M	iddleburg Ro	Middleburg.	
21s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State	other place)	ON (Name of cemetery, crematory or	Call Till Charles and	
4 Donation 5 Other (Specify)	Wolfesvi	11e Cemetery		le, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	cuty Deral Home & Cha	m e l
Robert K. Pritts, S			gton Rd., West	
23. PART I. Enter the diseases, or complications that or				Approximate
shock, or heert fellure. List only one cause			and the second of the second o	Interval Between
IMMEDIATE CAUSE (Final disease or condition	10.10	I'L'OL ST	T 600	Onset and Death
reaulting in deeth) - e.	AS A CONSEQUENCE OF:	to so man	1011	
Cana	extine	Ment Ja	iluso	
Sequentially list conditions,	AS A CONSEQUENCE OF):	The face	cocq	
		Tip all a	disen	ĺ
CAUSE (Diseese or injury	Selevali As a consequence of:	Trans	Constant	
that initiated events resulting in death) LAST	,			
d				
PART II. Other algnificant conditions contributing to de	eth but not resulting in t	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			1 TYES 2 TINO	COMPLETION OF CAUSE OF DEATH?
				1 YES 2 NO
			_	
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	neck only one)	
EXAMINER? 1 YES 2 NO 1 Desperation 2 E		THER:	8 Other (Specify)	
27. MANNER OF DEATH 280. DATE OF IN	JURY 28b, TIME C	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED	
1 Natural 5 Pending (Month, Day,	Year) INJUR	WORK? M 1 YES 2 NO		
2 Accident Investigation 28e. PLACE OF II	NJURY — At home, farm, stre	et, fectory, office	281. LOCATION (Street end Number or Rura	Route Number,
4 Homicide determined building, etc.	(Specify)		City or Town, State)	
296. CERTIFIER				
(Check only one) 2 MEDICAL EXAMINER: On the basic of exam				(a) and manner on white d
MEDICAL EXAMINER: On the basic of exam	macon and/or investigation,	in my opinion, death occured at the	r time, date end place, and due to the cause	(a) with mention ee stated.
2015 SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. DATE SIONE	ED (Month, Day, Year)
(Omnormoun Nache	CAAAA-	1.9160	MM 1 1 1 1 1 -	IU Q A
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	000.	13/100	00	10

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	Pages

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR	CERTIFI	CATE	OF DEATH	REG. NO).		
	1. OECEDENT'S NAME (First, Micidia, Last) HARRY.	BOF	57		2. DATE OF DEATH		90	3. TIME OF DEATH 3.0
ii iii Ai		yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Fersign
DIRECTOR	217-09-0069 ¹\\m²□F 72	YRS.			04-12-1			ryland
	9a. FACILITY NAME (If not institution, give street and number)		. 1	WN OR LOCATION OF OE	ATH	9c. COU	JNTY OF C	EATH
린	Baltimore County General Hosp	ital	Rano	allstown		Ba	altim	ore
띭	10a. STATE 10b. COUNTY	147.00	r, TOWN OR L					10d. INSIDE CITY LIMITS?
	Maryland Howard County	Woo	odstoc		-	т		1 YES 2X NO
MA I	106. STREET AND NUMBER 10600 Davis Avenue			21163				WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	S. ARMED	13. WAS	OECENOENT OF HISPAN	IIC ORIGIN? (Specify Y		U.S.	
B		2X NO	If ye	s, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)		Spec	E — American Indian, ik, White, etc. i/ly: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S (Give kind of w	vork done durin	PATION g most of working	16b. KIND OF BI	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary [0-12) College (1-4 or 5+)	ille. Do NOT us Mas	e retired.)		Congi		ion	(Dari ale)
볼	17. FATHER'S NAME (First. Middle, Last)	Mas	SOIT	18 MOTHER'S NA	ME (First, Middle, Maide		TOH	(Brick)
	George E. Bopst, Sr.			2011 - 0.000 0.010	celia Spar			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (St	reet and Number or Rural I		_		
임	Anna L. Bopst			is Avenue	woodstock,	MD	2116	3
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from State	ther place)	SITION (Name	cometery, cremetery or Cemetery		OCATION -		
	4 Donation 5 Other (Specify)	Spr 111d1		E AND ADDRESS OF FA		kesv	iiie	, MD
	· Brian L. Haigh	1	HA	IGHT FUN	ERAL HOM			
	23. PART I. Enter the diseases, or complications that caused to shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEVER 5	h line.	D i	mode of dying, suc		,		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ONSEQUENCE OF	F):					
	PART II. Other significant conditions contributing to death but			rlying cause given in	Part I. 24s. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	CARDIAC ARRHYT	Hm L			1 YES			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)			
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpet	ient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	C. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY O	CCUREO	Anna, up
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY - building, etc. (Specify	- At home, farm, :	street, factory,	office	281. LOCATION (Stree City or Town, Stat		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination							(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTERED	MD	•	29c, LICENSE NU D (95	02	>	9-1	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	N MD	B. Print)	CoH RA	NOALLSO	OW	NA	L. 21133
	31. DATE FILED (Month, Dey, Year) SEP 1 7 '90 32. PEGISTRAD'S SIGNAT	Mandall						

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Sain Sarah	S I	17. FATNER'S NAME (First, A	Middle, Last)						18. MOTI	VER'S NAM	E (First, Mi	ddle, Meiden	Surname)		
The improvements have (Properting) See Malland Address (Prime and Number or Paral Roam Names, Exp Code)	w	(Unknown))			Bain			Sa	rah				(1	Inknow
Name 100 possessition 1		200000000000000000000000000000000000000												Code)	
Sequentielly list conditions Other places					- 1						e 31	7			
22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLET'S SONS, INC. 5130 WIT Ave. NW Wash., DC 20016 23. PART I. Enter the diseases, or complications that cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYMR CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PERFORMED? OTHER: 1 OTHER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 OTHER: 26. PLACE OF DEATH (Check only one) 27. MANURED OF DEATH 28. PLACE OF INJURY AT WORK? 1 OTHER: 1 OTHER: 29. ACCIDENT A DOTHER: 1 OTHER: 29. CENTIFIER (Check only one) 29. CONTRIBUTY A I home, farm, street, factory, office 290. SIGNADIFIE AND TITLE OF CENTIFIER OF INVENTY OF Normal and Number or Pural Pours Number Of Normal And Number Of Normal And Number or Pural Pours Number Of Normal And Number Of Number Of Normal And Number Of		1 V Buriel 2 Cremeti	ion 3 🗆 Re	amoval from State		other place)			etery, cren	natory or				7.	
Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, flary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	- 11-			LICENSEE	_ <u> </u>	edar Hi			n anne	SS OF EAC	LITY	Su	itlan	id,	MD
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RICHARD M. HUFFMAN M.D. 4710 Waverly Ave. Garrett Park, MD. 20	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leeding to immeause. Enter UNDERLY CAUSE (Disease or In) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 IZ NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	TO MEDICAL Pending Investigation Could not in determined METIFYING PHA	b. Crebro DUE TO c. DUE TO d. HOSPITAL: 1 Inpattent 2 28e. PLACE building TYSICIAN: To the basic of	O (OR AS A	CONSEQUENCE CONSEQ	not enter to the first the time of tim	derlying 26. PL	WI de of dy ACE OF D S = R URY AT RK? end place eath occu	PULM POST GRATN (Check Beddence 6 NO No Red at the t	NW Was cardidated as cardidate	ac or reeping according to the control of the contr	I AUTOPSY RMED? INJURY OCI and Number anner se stell and due to the	24 CURED r or Fursi ted. the cause	Approintary. Onset 30 10 % b. WERE AUTOP AMALABLE PI COMPLETION OF DEATH? 1 YES 2

DNMH-18 Rev 1/89

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STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH
MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH - and Margaretmane Browle 5 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 577-01-4538 5. SEX 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 1 - M 2 - F YRS. July 7,1911 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH or attending physician. or use as the burial-transit permit, Pages 1, 2, 3 str DIRECTOR Silver Springs none Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Silver Springs 1 YES 2 NO Maryland Montgomery 10e. STREET AND NUMBER 10723 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL Meadow Hills Road 20901 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 NO If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BALTIMORE, MARYLAND 21203-3146 IF YES, GIVE WAR OR DATES white BY 3 🕅 Widowed 4 🗌 Divorced 6 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) ğ retained by the hospital 8 detached home maker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Maurice Ellicott Mary Cornwall 2 Ħ BE page 5 should notified 190. INFORMANT'S NAME (Type/Print)
Mary Ann Phelps 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
411 Union Street, Occoquan, Virginia22125 2 rurs after death. Page 6 may be pe 204 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 C Removel from State must 4 ☐ Donation S ☐ Other (Specify) _ Fairfax Memorial Park Fairfax, Virginia TURE OF FURNIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURPHY FUNERAL HOME examiner funeral 4510 Wilson Blvd., Arl., Va. 22203 removal. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. medical 23. PART I. Enter Approximate filled in by Interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Finel law requires that the death certificate be executed within 2m as been signed by the artending physician and completely fille bept, of Health and Mental Hygiene prior to burial, cremation, andiao arresT the disease or condition_ resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): BOX 13146, Disa Caro wartraumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): P.0. resulting in death) LAST 6 OF VITAL RECORDS, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION DF CAUSE any 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) certificate h tem HOSPITAL: OTHER: TES 2 NO OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCUREO with t marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY DIVISION HOSPITAL OR ATTENDING 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and memor as stated. 29b. SIGNATURE AND TITLE OF CERCIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 물품물 D085 PG 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 8 518 MISCONEIN DU Jack. Joh. 32. REGISTRAR'S SIGNATURE SEP 19 90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 13140, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / I	DEPARTA RTIFIC	MENT OF I	EALTH AND I	MENTAL	HYGIEN REG. NO.	E 9	0	27044
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE (OF DEATH	(Y Y	EAR	3. TIME OF OEATH
	Joseph		omas	Brice	<u>)</u>		8-	-18 - 90			12:45PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		BIRTHP Country)	LACE (State or Foreign
l	219-78-8282	1 XM 2 F	29	YRS.				19/6		_	stertown M
,	9a. FACILITY NAME (If not institution, give str			91		OR LOCATION OF O			9c. COUNTY	OF OE	ATH
ē	University Hospi	.tai			Balt	imore Ci	ty		-		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA	TION				T	10d. INSIDE CITY LIMITS?
ä	Marvland Ou	een Anne	's	Sı	dlers	ville					1 YES 2 NO
A	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZEI	OF W	IAT COUNTRY?
띨	P. O. Bo					21623			U.	S.	Α,
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT E				ENDENT OF HISPAI			or No- 14	. RACE Black,	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	1982-19			1 TYES	2 XNO Specif	y:			Specify	white
	15. DECEDENT'S EDUC			EDENT'S US	UAL OCCUPATI	ON	16b.	KIND OF BUS	SINESS/INDUS	TRY	WILLEC
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Giv	e kind of worl Do NOT use n	done during me stired.)	ost of working					
COMPLETED	12	College (1-4 of 5 +)	Fac	ctory	work	er		Man	ufact	ur	ing
O O	17. FATHER'S NAME (First, Middle, Last)		1 = 0			18. MOTHER'S NA	ME (First, N				
BE C	Earl Brice					Mary	Wif	red I	iles		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural				ocle)	
2	Barbara A. Br	ice	P	. 0.	Box 2	25, Ch	urch				
	20a. METHOD OF DISPOSITION	med from State	20b. PLACE C	F DISPOSIT	ON (Name of ce	metery, crematory or			CATION — CH		
	1 M Burial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)		Chur	ch H		metery		Chu	irch E	Hil	1, MĎ'
	21. SIGNATURE OF FUNERAL SERVICE ANCENSEE 22. NAME AND ADDRESS OF FACILITY Tom Helfenbein Funeral H								I o m	es DA	
	Momas K. 9	eldenke	in			ch Hil				10111	cs, IA
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause a. Gunshot	on each line.	to he				We I	97		Approximate Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	R AS A CONSEO		-				ROVER BY ME	Olony.	Men
CERT	resulting in death) LAST	d									
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	s contributing to de	eath but not re	suiting in	tha undariyir	ng cause given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z							- 1	א החתום ע	א ז א ד א ז א ז		1 TES X NO
ÿ								APPRO	VAL		
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VV		THER:	LACE OF OEATH (C		,			
IYS	27. MANNER OF DEATH	1 Inpatient 2 E		DOA 4		ne 5 - Residence			INJURY OCCU	BED	
	1 Netural 5 Pending	8-18-9	()	1:00	28E W	ORK?			licted		und
BY	2 Accident Investigation	NJURY — At hor			100	-					
	3 Sylicide 8 Could not be 4 Homicide datarmined	c. (Specify)		known	-	City	181. LOCATION (Street and Number or Rural Route Number, City or Town, State) UNIXNOWN				
	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										and manner as stated
8			THE STORY OF THE S	irreatryation,	at thy opinion,			and place, a			
BE	295-SIGNATURE AND TITLE OF CERTIFIE	yn				OCME	IMBER				(Month, Day, Year)
9	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH STEE	1 27) (Time 0	viat)	COME			, () TC	, ,,,
	FRANK PERETTI, MI		or seam fires			n Street	.Rali	timore	MD 21	2∩1	
- 1			S SIGNATURE			" orreer	· , Dal	CTILOTE	ے سیر	.201	
- N	31. DATE FILED (Month, Day, Year) '90	32. REGISTRAR	Lauren	-Handel	م						

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A	EC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs has find within 70 hours after death with the State Deut of Health and Mental Hydione prior to build. Cremation or removal	IMPORTANT: If I lem 28 is marked, or I lem 23 shows any Injury, or other traumatic event, the medical examiner mu
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E	F 2	5

	REGISTRAR		C	ERTIF	ICATI	E OF	DEA	ТН	1	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH D	λY	YEAR	3. TIME OF DEATH
	William Henry			_==					9	- 3	_ 0	, _	11:00 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE to yrs. I		MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D	sy, Year)		Country	
	578-54-4200	1 XM 2 - F	49	YRS.					02/2	1/41			ington, DC
~	9a. FACILITY NAME (If not institution, give						OR LOCATE				9c. COU	NTY OF DE	EATH
<u> </u>	4705 Tecumseh St	reet, #102	2			Col:	lege	Park	ξ		Prin	ce Ge	eorge's
ପ୍ର	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	гү		10c. CIT	Y. TOWN	OR LOCA	TION			_			10d. INSIDE CITY
뜻ㅣ	Maryland Prin	ac Coorgo	t o	Co	11eg	. D	- 1010					- 1	LIMITS?
ا يـ	10e. STREET AND NUMBER	ce George	5	00	TTE		L ZIP COO	E			10a. CIT		HAT COUNTRY?
FUNERAL DIRECTOR	4705 Toomach Ct.	#10°	2			- 100		51			226		
۳ <u>ا</u>	4705 Tecumseh St	12. WAS DECEDENT		RMED	13	WAS DE		740	VIC ORIGIN? (S	Concillo Voc		S.A.	- American Indian
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 K	NO		If yes, sp	ecity Cubi	n, Mexica	n, Puerto Rice	n, etc.)	01110	1111	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE W	AN ON DAIES			I [] YES	2 KR NO	Specin	γ.			Specif	White
COMPLETED	15. DECEDENT'S EDI		16a. D	ECEDENT'S	USUAL O	CCUPATI	ON		16b, KI	ND OF BU	SINESS/INI	DUSTRY	
ᇤ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+	- 4	Give kind of fe. Do NOT u	work done ise retired.)	auring mo	ost of work	ng					
린	12			Carpe	enter					Cons	truc	tion	
Š	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Midd	fle, Malden	Sumame)		
H	William H. Burch	, Sr.					Ros	e Pe	rruso				
2	19a. INFORMANT'S NAME (Type/Print)	-							Route Number,	,			
F	Gloria Sego		2	229 C	Chapm	an E	Rd.,	Hyat	tsvil	le, M	lary1	and	20783
	20a. METHOD OF DISPOSITION 1X Burlai 2 Cremetion 3 Rar	movel from State	20b. PLAC	E OF DISPO	SITION (N	ame of ce	metery, crei	matory or		20c. LO	CATION —	City or Tov	vn, Stata
	4 Donation 5 Other (Specify)	1 /							ery	Ade	1phi	, Mai	ryland
	21. BIGNATURE OF PUNCHAL MERIVICE Y	CONSEE /	//		22. L	NAME A	ND ADDRE	SS OF FA	CILITY	. F.		1 Hon	ne. PA
	1/6/4 F	1/)	V										e, MD 20781
	23. PART I. Enter the diseases, pr	complications that	caused the c	laath Do									Approximata
	mock, or heart fallure	. List only one cau	se Dn aach Iir	ne.									Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		-450	ممد		(5)	1 4 4	~	thu				Onact and Death
	reaulting in death)	DUE TO	(OR AS A CONS	EOUENCE C)F):		-	2					
z			000 N	10-4	~	0	wt	-2 -	205	د ا و	2009	-14	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO	(OR AS A CONS	EOUENCE C	OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	EQUENCE C	OF):								
H H	Todaking in dodain Exist	d											
	PART II. Other algolificant condition	one contributing to	death but not	reaulting	In the u	ndariyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFO		100	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	☐ YES 2	□ NO		OF DEATH?
Σ									-				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN: M	EXAMINER?	HOSPITAL:	EB/Outpetlant	2 □ DOA	OTHE	R:	1	_	6 Other (S	44 .)			
Ξĺ	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b, TII			JURY AT	andence	28d. DESCR		NJURY OC	CURED	
	1 Netural 5 Pending	(Month, Da	ay, Year)	IN	JURY M		ORK? YES 2	NO					
BÁ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — At I	home, farm,	street, fac	tory, offic	ca .		26f. LOCATI	ON (Street	and Numbe	r or Rural A	oute Number,
	4 Homicide determined	building,	etc. (Specify)						City or 1	lown, State			
	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge	death assure	and at the	Al	and alas						
COMPLETED	Torrison only												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			1,989,6						, , , , , ,			
B	Delening one and the or centre		_0		-		29c, Lic	ENSE NUI	SH (29d. DA	IE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH #T	EM 27 /3-	a Print			5 0	- 11	70			10
	- hhi	1	6-2		-, innj	3	21	90	رما رج		- 40	C 201	a mar
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	•		_	, - `	-	21/2	- 40	25	(W)	more.
	SED 1 0 '00	8.0:	Davidson	Mande	102								
_	JIF I II JU	gina	A franchistory	.,,		-							DAME TO DO
		_											DHMH-16 Rev 1/8



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1146, BALTIMORE, MARYLAND unted within 24 nours after death. Page 6 may be retained by the host of lifed in by the funeral director, page 5 should be detach ririal, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with L. DIRECTOR: After this certificate has been signed by the attending physician and complet hours after death with the State Dept. of Health and Mental Hygine prior bothal, or if them 28 is marked, or if them 23 shows any injury, or other traumatte even	
F VITAL RECORSISIONS: The law requires that certificate has been signed 1 or the State Dept. of Heady and the property of the	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 25 hours after death with the State Dept. of Health and Mental Hygiene prior to burils, creamblen, or removal. MARYLAND THE TOWN TOWN THE TOWN THE PROPERTY OF THE TOWN THE TOW	CHILDREN II STORY OF THE STORY

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / [OF HEALTH AND N	MENTAL HYGIEN	E 9	0 27046
	1. DECEDENT'S NAME (First, Middle, Last)	1 0	char	d	2. DATE OF DEATH MONTH DA	90	
	4. SOCIAL SECURITY NUMBER 5 4.85-16-0890 1	SEX 6. AGE (In yra. last to 9 3	YRS. IF UNDER	t YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		MRTHPLACE (State or Foreign country)
TOR	9a. FACILITY NAME (II not institution, give stree Leater Laure 1 G RESIDENCE OF DECEDENT	rend number) Petts ville Hosp.	0	TOWN OR LOCATION OF DE	ATH	Prince	ce beorge
DIRECTOR	10a. STATE 10b. COUNTY	e George's	Greenbe				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1H Northway Road			10f. ZIP CODE 20770		U.5	OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES		MAS DECENDENT OF HISPAN 1 yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: 4, +4
COMPLETED	the state of the s	mpleted) (Give life. L	EDENT'S USUAL OF the kind of work done to the NOT use retired.)	CCUPATION during most of working	166. KIND OF BUS	SINESS/INDUST	RY
BE CO	17. FATHER'S NAME (First, Middle, Last) Barrett Lee Birch	ard		-311 - 31-50	ME (First, Middle, Meiden th Poole	Surname)	
TO B	196. INFORMANT'S NAME (Type/Print) Francis La Bircha	10.0		(Street and Number or Aural I			
	20a. METHOD OF DISPOSITION 1 Surfal 2 Community Tempore 4 Donation 5 Donat (Sport)	100 PLACE O	F DISPOSITION (No	me of cemetery, cremetory or	20c. LO	cation – city	or Town, Stata
1	21. SIGNATURE OF FUNCTIAL SURVICE LICES	Sulan	22. Fr	name and address of FA ancis Gasch	s Sons Fu	ineral	
		mplications that caused the dea st only one cause on each line.	th. Do not enter	the mode of dying, suc	h as cardiac or respi	ratory screet,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pulmonan	y En	16 blus			minutes Bureks
LION	Sequentially list conditions, if any, leading to immediate	PULMONGA DUE TO (OR AS A CONSECU IN TELL TYOCK A DUE TO (OR AS A CONSECU	UENCE OF):	FACTUR R	gut high		3 weeks
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEQU	UENCE OF):		q		
. 1	PART II. Other significant conditions	contributing to death but not re	suiting In the u	nderlying ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL					1 YES :		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)		
YSIC	1 YES 2 NO	HOSPITAL:		sing Home 5 - Residence			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 2 1 4 9 0	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	Fell or De.		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify) Fourt Day Case. (tory, office	281. LOCATION (Street City or Yown, State	1 6. 26.	Rural Route Number, UShip Hang
COMPLETED	(Critical Gray	AN: To the best of my knowledge, dea					suse(s) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	Denuty MEXAL	reliens	29c. LICENSE NU 20 / S	_	29d. DATE SI	GNED (Month, Day, Year)
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Time Print)		=		

MD

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Amball

31. DATE FILED (MONTH, Day, Year)
SFP 1 0 '90

201852 CAUSE OF DEATH (ITEM 27) (Typo. Print) WEENS BUTY Rd HYGTTS VIlle MD 2078/

DHMH-18 Rev 1/89

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1314	executed
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. BO	artificate
O.	0
0	death
S	age age
Z.	that
ZECO	requires
-	MB
⋖	E
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hou
2	80
	0

after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages feet 5 should be detached for use as the burial-transit permit. Pages feet 5 should be detached for use as the burial-transit permit. Pages feet 5 should be detached for use as the burial-transit permit. Pages feet 5 should be detached for use 2 should be detached for use 2 should be detached for use 3 should be detached fo	lical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

SEP 21 90

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gnicici

32 REGISTAAR'S SIGNATURE MALEN

REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Last)			ICATE OF	JEMIN	2. DATE (REG. NO.			3. TIME OF DEATH
(not model)		E A. BE	A			MDNTH	DA	1990	YEAR	11:00 A
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i		IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE C	F BIRTH	1990		IPLACE (State or Foreign
102-28-6804	1 M 2 F	83	YRS.	MONTHS DAYS	HOURS MIN		Day, Year)	06	Count	enna.
Ba. FACILITY NAME (If not institution,	- 76	(V)		9b. CITY, TOWN (OR LOCATION OF		11, 17		NTY OF D	
Meridian Nursi				Randall				D-1.	timo	
RESIDENCE OF DECEDEN				Manuall	S COWII			Dat	CIMO	re
	OUNTY		10c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
MARYLAND BA	ALTIMORE		UPP	ERCO						1 YES 2X NO
04. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
TRENTON	MILL RD.			2	1155			US	A .	
II. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. A	RMED		ENCENT OF HIS			or No-	14. RACI	E - American Indian, k, White, etc.
Never Married 2 Married Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES	NO.		2 NO Sp		iceri, erc.;		Spec	tty:
										WHITE
15. OECEOENT* (Specify only highest	S EOUCATION I grade completed)		Give kind of v	VOIK done during mo	ON ast of working	16b.	KIND OF BUS	BINESS/IND	USTRY	
Elementary/Secondary (0-12)	Collage (1-4 or 5	+)	fe. Do NOT us							
12	4			NURS			EALTH			
7. FATHER'S NAME (First, Middle, La					16. MOTHER'S	NAME (First, M	100	_		
	Unknow							ıknow		
9a. INFORMANT'S NAME (Type/Print				ADDRESS (Street a						and the second
Mrs. HELEN PR	LCE		16511	TRENTON	RD., U	PPERC	, MAR	YLANI	D	£115
☐ Donation S ☐ Other (Specify)									
1. SIGNATURE OF FUNERAL SERV	11-7	track	6010		ster Ce	FACILITY	XKHAR	DT F	UNER	Md. 21102 AL CHAPEL MD. 21117
23. PART I. Enter the dispese shock, or heert fa	e, pr compléations th	use on each li	deeth. Do r	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	
23. PART I. Enter the dispese shock, or heert fa IMMEDIATE CAUSE (Final disease or condition	e, pr compléations th	use on each li	deeth. Do r	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	AL CHAPEL MD. 21117 Approximate Interval Batween
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	e, pr complications the filure. List only pne ca	use on each li	deeth. Do r	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	AL CHAPEL MD. 21117 Approximate Interval Batween
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e, pr complications the filure. List only pne ca	O (OR AS A CONS	deeth. Do r	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	AL CHAPEL MD. 21117 Approximate Interval Batween
23. PART I, Enter the disease shock, or heert fa iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e, Dr complications the filters. List only Dne ca	O (OR AS A CONS	EOUENCE OF	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	AL CHAPEL MD. 21117 Approximate Interval Batween
23. PART I. Enter the disease shock, or heert fa iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e, Dr complications the filters. List only Dne ca	O (OR AS A CONS	EOUENCE OF	22. NAME AI	ND ADDRESS OF	FACILITY Guch as card	CKHAR WINGS	DT F	UNER	AL CHAPEL MD. 21117 Approximate Interval Batween
23. PART I. Enter the diseese shock, or heert fa iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO DUE TO d.	O (OR AS A CONS	GOUENCE OF	22. NAME AI not enter the mo	nd Address of	FACILITY Guch as card	ECKHAR DWINGS lec or reepi	DT FI	UNER LS,	AL CHAPEL MD. 21117 Approximate Interval Betwee Onset and Des
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29d. DATE SIGNED (Month, Day, Year)

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SOUTH AND A TOTAL OF THE STATE OF

9	hysician.	urial-transit permit. Pa	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	once.
MARYL!	be retained by the	ge 5 should be	e notified at
LTIMORE,	ath. Page 6 may	neral director, pa	aminer must b
BA	er cours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed within	n and completely to burial, cremati	matic event, t
P.O. BOX	oth certificate be	tending physiciar al Hygiene prior	or other trau
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ires that the dea	signed by the at Health and Menta	ws any injury.
VITAL RE	AN: The law requ	ificate has been state Dept. of I	r item 23 sho
ION OF	NDING PHYSICIA	R: After this cert or death with the	is marked, or
DIVIS	PITAL DR ATTER	ERAL DIRECTOR in 72 hours after	T: If Item 28
	TO THE HOS	TO THE FUNI	IMPORTAN

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEOENT'S NAME (First,	Middle, Lest)								2. DATE OF	DEATH			10:52 AM
ľ	Alta	Mae	9		R a	and	lck1	OW		Septe	m h o		YEAR 2.19	10:52 AM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.			ER 1 YEAR	-	R 24 HRS.	7. DATE OF I	BIRTH	4 66	8. BIRTI	IPLACE (State or Foreign
			1 🗆 M 2 🔀 F	60		MONTHS	DAYS	HOURS	MIN.	1-8-	1930		Count	nsylvania
Ì	Se. FACILITY NAME (If not in	stitution, give et	met and number)		6511,	9h CIT	TY TOWN	OR LOCAT	ION OF OF		1770	9c COI	NTY OF D	
œ					-					AIN .				
6	Physicians	EDENT	orial H	ospit	aı		Lar	lata	3			Cha	rle	S
<u>ا</u> ي	10e. STATE	10b. COUNTY				Y, TOWN	OR LOC	ATION						10d. INSIDE CITY
E	Maryland	Charl	.es		Wa:	ldor	f							LIMITS? 1 TES 2 NO
7	10e. STREET AND NUMBER						1	Of. ZIP COD	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
3	4104 Bluebi	rd Dri	.ve					206	02				USA	1
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S.	ARMED	13	3. WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-		E — American Indian,
正	1 Never Married 2	Merried		YES 2	Mo	"	If yes,	specify Cub	en, Mexice	n, Puerto Rica			Blac	k, White, etc.
BY	3 Wildowed W Divo	rced	W 123, GIVE	MAN ON DATES			1 📙 11	is 2 ∑ yo	Specify	/c			Whit	ce .
유		EDENT'S EDUC		16a	DECEOENT'S	USUAL	OCCUPAT	TION	7.5	16b. KII	ID OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	y highest grade	College (1-4 or 5	*)	(Give kind of life. Do NOT L	work don ise retired.	e during r !.)	nost of work	ing					
립	12		-		Proces	ssor					Bar	nkind	1	
8	17. FATHER'S NAME (First, M	Iddle, Last)						16. MO	THER'S NA	ME (First, Midd			4	
	Chauncey Li	ppenco	t.t.					Re.	rtha	Franks	2			
H	19e. INFORMANT'S NAME (7	1			19b. MAILIN	G AOORE	SS (Stree	_		Route Number,		n, State, Z	o Code)	
2	Darrell R.		klow							, Wal				SD2
	20a, METHOD OF DISPOSIT	ION		20b. PL/	ACE OF DISPO					, ,,				own, State
	20a. METHOD OF DISPOSIT 1 [™] Burial 2 □ Crematio 4 □ Donation, 5 □ Other		oval from State	Tri	nity N	/lemo	rial	Gar	dens				, Mc	Contract of the contract of th
- 1	21. SIGNATURE OF FUNERA		ensue 17	/	11209 1			AND ADDR		CILITY	wa.		, 110	
	11100	1 (1	10014	10			HL	intt 1	uner	al Hor	ne			
		1/11/	2100	1			Ρ.	0. b	ox 1	56, Wa	ldor	f, M	d. 2	0604-0156
	23. PARTM. Enter the di shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	e. AR DUE TO DUE TO DUE TO	use on aach	line.				-			-		Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentieity list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or Inju- that Initiated events resulting in daeth) LAS	ING Iry	c	O (OR AS A COM			R. J. C	- 709		3677				
	PART II. Other algnifics	nt condition	s contributing to	death but n	ot recuiting	In the	underly	ing cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
S											PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										— '	YES 2	MNO		OF DEATH?
- 1													- 1	1 YES 2 NO
AN	25. WAS CASE REFERRED T	NEDICAL						DI 405 05	OF STILL SOL					
<u> </u>	EXAMINER?	OMEDICAL	HOSPITAL:			ОТН	ER:			eck only one)				
PHYSICIAN:	1 NES 2 NO		1 Inpatient 2		11 3 □ DOA			NJURY AT	Residence	6 Other (S		N HIEW O	COLLEGE	
		Pending		Day, Year)		JURY	1	WORK?		280. UEŞCH	IBE HOW I	NJUHT O	CONEO	
B	2 Accident	Investigation	28a PLACE	OF INJURY — A	N home form	atract fr			Пио	201 LOCATI	DN /Shoot	and Minsh	ne ne Drumi	Route Number,
<u> </u>	3 Suicide 6 4 Homicide	Could not be determined		, etc. (Specify)	tronie, iarni,		actory, or	1100			own, State)		or norm	riouse Number,
<u> </u>	29e. CERTIFIER													
COMPLET	(Check only		R: On the basic of											(a) end manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LI	CENSE NU	MBER		29d. D/	TE SIGNE	D (Month, Pay, Year)
BE	1	tier	a Cei	25				D- 1	6132			•	9/2	23/90
임	30. NAME AND AODRESS O	PERSON WH	O COMPLETED CA	JSE OF DEATH	(ITEM 27) (Tvs	e, Print)	7 D				Dan	4 C	1/	Center
	Nallan C.									rvla				center
	31. DATE FILED (Month, Day,	Ybar)	32/REGISTE	AR'S SIGNATU	Randell		Wd	ruor	T ME	тута	14 /	UOU		
- 1	CED 24	ゴ U	WW.	and I willed .										

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

_	1 - STATE REGISTRAR	STATE OF M				F DEATH		REG. NO.		90 27049
1	1. DECEDENT'S NAME (First, Middle, Last)			A.			_	2. DATE OF DEATH		3. TIME OF DEATH
,	Robert Le	ee		Е	Bowen			Sept. 26	, 19	90 0100 "
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		-	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	214 36 1701	1 🔀 M 2 🗌 F	50	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 11 8 39	M	country) (aryland
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWI	OR LOCATION	OF DEA	TH	9c. COUNTY	OF DEATH
5	Calvert Memori	al Host	oital		Princ	e Fre	der	ick,Md	Cal	vert
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			Lan CITY	TOWN OR LOC					10d, INSIDE CITY
										LIMITS?
;	Maryland Calve	ert		1 Hu	ntingt	OWN 101. ZIP CODE			10a CITIZEI	1 YES 2 NO
	600 Cox Road									
ξl	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13, WAS D	20639 ECENDENT OF		C ORIGIN? (Specify Yee	US or No.— 14	. RACE — American Indian.
	1 Never Married 2 K Married	FORCES? 1 IF YES, GIVE W	YES 2 A		If yes,	specify Cuban,		Pueпo Rican, etc.)		Black, White, atc. Specify: xxlb + 4.0
5	3 Widowed 4 Divorced					X			1	white
1	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S I	USUAL OCCUPA ork done during retired.)	TION most of working		186. KIND OF BUS	NESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+))							
	12		R	egion	al Man					stributor
3	17. FATHER'S NAME (First, Middle, Last)					16. MOTHEI	R'S NAM	E (First, Middle, Maiden S	iumame)	
	Briscoe B. Bowen S	r.	1 10	- MAN 1940	ADDDERS (Ch.			Mae Buckl		and all
2			199				HUREI HO	sute Number, City or lown	, State, Zip Ci	ode)
	Shirley M. Bowen		20b. PLACE	OF DISPOS	Me as:	#1() cemetery, cremate	pry or	20c. LOC	ATION — CIt	y or Town, State
	1 5 Rurial 2 Cremation 3 Remo	wal from State	other pl	ace)		l Garde				arvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1000011	/		AND ADDRESS				
	1 HOU	100			P.O.	Box 45	6 0	wings Mary		ar nome
┪	23. PART I. Enter the diseases, or c	complications that	caused the de	eath. Do n	ot enter the	node of dvino				t, Approximate
	shock, or heart fallure. I						,			Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Chi	MIL	11	601	in	1	Vera Ti		0.120, 2.10 200
ŀ	resulting in death)	DUE TO	OF AS A CONSE	OUENCE OF): /		-	and a		
_	•	Card	100	MV	wil	ale -	0	er Cia	61	
	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	SUENCE UF		1/.		1)
5	Cause. Enter UNDERLYING CAUSE (Disease or injury	· C	liro	m	1	TYP	e	lleu	610	n
	that initiated events resulting in death) LAST	DUE TO	OH AS A CONSE	QUENCE OF	- //	//				
il		£			- 0					i i
šΙ	PART II. Other significant conditions									
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1		a contributing to	death but not	resulting i	n the underly	ing cause glv	ren in F	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
3		a contributing to	death but not i	resulting i	n the underly	ing cause giv	ren in F	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
IN: MEDICAL CE		a contributing to	death but not i	resulting i				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26	ring cause giv		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?
SICIAIN. IMEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	M DOA	26 OTHER: 4 Nursing H	PLACE OF DEA	ATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
TOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3		26. OTHER: 4 Nursing H	PLACE OF DEA	ATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
FATSICIAN. MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 1 Accident Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De	ER/Outpatient 3 INJURY 19, Year)	28b. TiMi	28. OTHER: 4 Nursing H E OF 28c. URY M 1 [PLACE OF DEA	ATH (Che	PERFORM 1 YES 2 ck only one) B Other (Specify) 28d. DESCRIBE HOW IN	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BI FITSICIAN. MEDICAL	EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Do	ER/Outpatient 3	28b. TiMi	28. OTHER: 4 Nursing H E OF 28c. URY M 1 [PLACE OF DEA	ATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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BI FITSICIAN. MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 2 28a. DATE OF (Month, Del) 28a. PLACE Of building,	ER/Outpatient 3 INJURY IIII, Year) FINJURY — At hoete. (Specify) my knowledge, de	26b. TiMM INJ	28. OTHER: 4 Nursing H E OF 28c. URY M 1 [treet, factory, o	PLACE OF DEA	NO NO Ind due 1	PERFORI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, State)	IJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
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3	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 29b. SIGNATURE AND TITLE O CERTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Del 28a. PLACE Of building, CIAN: To the best of ex	ER/Outpatient 3 INJURY my, Year) F INJURY — At he etc. (Specify) my knowledge, determination and/or	28b. TIMM 28b. TIMM pme, farm, s eath occurre investigatio	28. OTHER: 4 Nursing H E OF 28c. URY M 1 [treet, factory, or ad at the time, d n, in my opinion	PLACE OF DEA	NO NO Ind due 1	PERFORE 1 YES 2 Ck only one) 3 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, State) to the cause(e) end men Ime, dete end place, end	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

Rausen runerat nome P.O. Box 45 Owings Maryland

5 House

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TO BE COMPLETED BY FUNERAL DIRECTO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
i examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,12, en death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ر
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	2
BALLIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

Charles Judge,

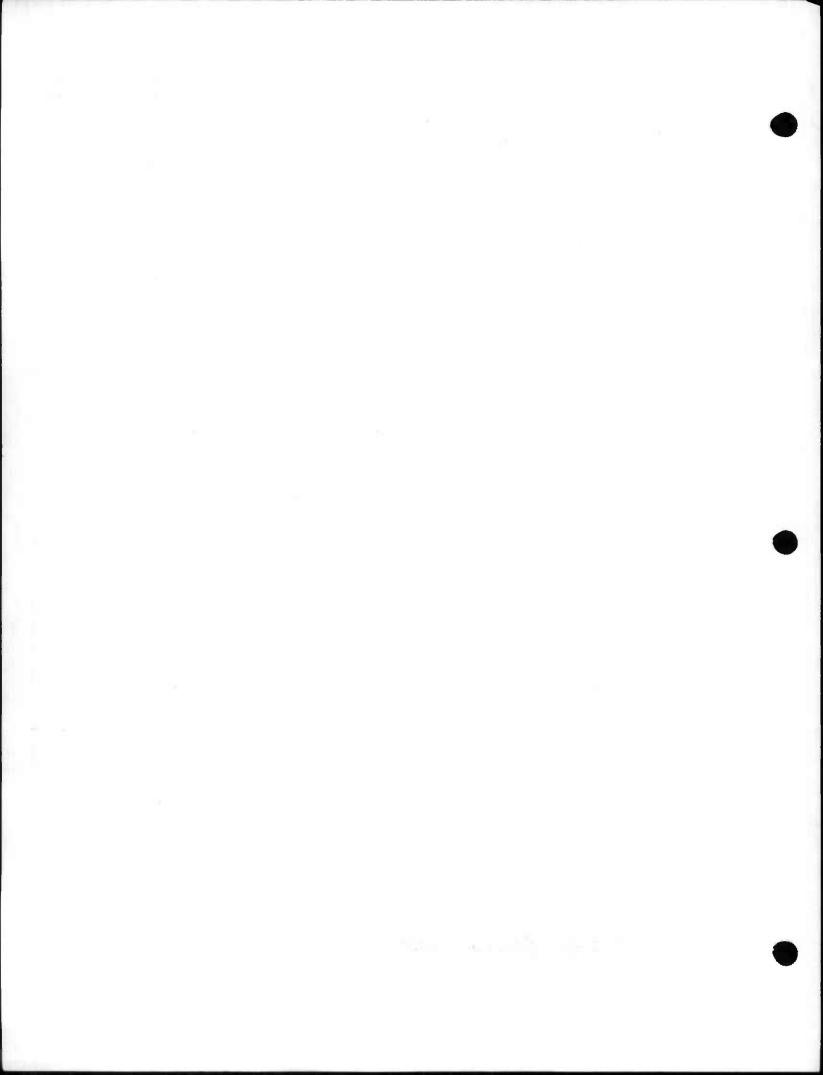
M.D.

32 REGISTRAR'S SIGNATURE.

	FOR 1 - STATE REGISTRAR	STATE OF I			TMENT OF I		MENTAL HYGIEN REG. NO.	E	90	27050		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	Ellen	wen		Sept 26,	199	YEAR	0040 *					
	4. SOCIAL SECURITY NUMBER	Dorsey 5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign		
	577-24-4306	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-29-1922		Mar	vland					
1	9e. FACILITY NAME (If not institution, give	1 M 2 F	68		9h CITY TOWN	OR LOCATION OF DI			INTY OF D	<u> </u>		
c												
2	Calvert Memo	orial Ho	spital		Prin	ce Fred	lerick		Calv	ert		
DIRECTOR	10e. STATE 10b. COUN	TY			10d. INSIDE CITY							
5	Maryland Calv	ert		Hun	tingtown	1				LIMITS?		
- 10	10e. STREET AND NUMBER					f. ZIP CODE		10g. CI	TIZEN OF Y	WHAT COUNTRY?		
2	355 M. F. Bowen	Road				20639		IIni	bet	States		
LONEDAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. A	RMED			NIC ORIGIN? (Specify Yes		_	E — American Indian,		
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	NO	If yes, s		in, Puerto Rican, etc.)		Blac	hite		
3	15. DECEDENT'S EC	UCATION	16a, O	ECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF BUS	SINESS/IN				
	(Specify only highest gra- Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	Give kind of a. Do NOT u	work done during m	ost of working Bars			2016			
COMPLE	Elementary/Secondary (0-12)	2 years	''	chant		og Store	Retai1	Sa1	95			
3	17. FATHER'S NAME (First, Middle, Lest)	2 / 0025	102	01101110	Ododic	T	ME (First, Middle, Maiden					
	George W. Dorsey					Ellen						
	19a. INFORMANT'S NAME (Type/Print)		T	DIS MAIT IN	ADDRESS /Street			n State 7	'in Codel			
2 ∥												
ł	Claude Bowen, Jr	•	7					_				
	20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town,											
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE				NO ADDRESS OF FA		05 B	room	es Isl. Rd;		
	DA 5.5	: - 					, Maryland			es ist. Nu,		
┪	23. PART I. Enter the diseases, o	complications th	at caused the d	eath. Do						Approximate		
	shock, or heert fellure							,	,	Interval Between Onset and Death		
ľ	IMMEDIATE CAUSE (Final disease or condition	Co	OR BOR	8 11	om an	201110				1.5 ho		
	resulting in death)	B. DUE TO	O (OR AS A CONSE	EQUENCE C	DILUTION DE	in any				13100		
	_	, h.a	(011 AD A CONS.	0.7	TO 11 00	0				i		
RIFICALION	Sequentially list conditions,	b. DUE TO	OR AS A CONSE	EOUENCE C	n:							
Į.	If any, leading to immediate cause. Enter UNDERLYING	10	moln	min	A Va	scular	anult					
:	CAUSE (Disease or Injury that Initiated events	C. DUE TO	OR AS A CONSE	EOUENCE C	P: 0	o man	gingi					
	resulting in desth) LAST	91					0					
5		u										
4	PART II. Other significant conditi	one contributing to	o death but not	resulting	In the underlyle	ng cause given in	Part I. 24a, WAS AN		7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
3	2	ABETE	>				1 _ YES 2			COMPLETION OF CAUSE OF DEATH?		
MEDICAL	HY	PERTEN								1 TES 2 NO		
	PF	RIPNE	RAL	MAS	CULAR	DISE	834					
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. 1	PLACE OF DEATH (C	heck only one)					
2	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Reeldence	6 Other (Specify)					
PHISICIAN	27. MANNER OF DEATH	28s. DATE O	F INJURY Day, Year)	28b. TII	IE OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY O	CCURED			
10	1 Natural 5 Pending		, //			YES 2 NO						
- 11	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At h	nome, farm,	street, factory, off	ce	28f. LOCATION (Street City or Town, State,		er or Rural	Route Number,		
L	4 Homicide determined	bunding	s ere (openiy)				Only of lown, State,					
MPLE	290. CERTIFIER	SICIAN: To the best of	of my knowledge. o	Seath occur	red at the time, da	e and place, end du	e to the cause(e) end ma	nner as si	tated.			
Ē	cont only									(e) end manner ee stated.		
3	29b. SIGNATURE AND THILE OF CERTIF			-								
BE		7 Deelf				D 20	A657	290. 0/	9	26 GO (Month, Day, Year)		

DHMH-16 Rev 1/89

Prince Frederick, Maryland



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Frank J. Peretti,
31. DATE FILED (Month, Day, Year) 3

SFP 1 9 '90

	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF DEATH	REG. NO 2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH			
	Danny	Lee	Bail		9 1	5 90	2:00 A			
	218-74-9866	-9866 1√2×M 2 □ F 30 YRS. MONTHS DAYS HOURS MIN.					IRTHPLACE (State or Foreign punity) AShington [
TOR	96. FACILITY NAME (If not institution, give street end number) Rt. 301 BESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH Prince George's									
DIRECTOR	Maryland Char	les	10c. CITY,	town or Location Waldorf			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	B23 Idlewood T			101. ZIP CODE 20601		US				
à	11. MARITAL STATUS 1	FORCES? 1 YES, GIVE WAR OR	S 2 XNA	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex 1 YES 2 X XO Spe	icen, Puerlo Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Vhite			
LETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use Carpel	rk done during most of working retired.)	18b. KIND OF BU	struct				
COMPLET	17. FATHER'S NAME (First, Middle, Lest) Scott Bailey		1 00100	18. MOTHER'S	NAME (First, Middle, Maiden othy Haye	Surneme)				
TO BE	10a INECOMANT'S NAME (Resultation)									
anest De	20a. METHOD OF DISPOSITION 1									
ехашпег	21. STG ATUME OF FUNERAL SERVICE COMPRES 22. NAME AND ADDRESS OF FACILITY HUNTT FUNERAL HOME P. 0. Box 156, Waldorf, Md. 20604									
event, the medical	23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) But to (or as a consequence of):									
er other traumatic	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST		S A CONSEQUENCE OF)							
MEDICAL	PART II. Other significent conditions of	contributing to desti	h but not resulting in	n the underlying cause given	In Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 >>> YES 2 \(\) NO			
red, or item 23 s PHYSICIAN:		IOSPITAL:		26. PLACE OF DEATH		road				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUI (Month, Day, Yes 9/15/90	4 Nursing Home 5 Residen OF 28c, INJURY AT WORK? A M 1 YES 2XXNO	28d. DESCRIBE HOW	INJURY OCCURE	control to that lost				
28 28 ED	2 Accident Investigation 3 Suicide 8 Could not be determined		JRY Al home, farm, at	treet, fectory, office	281. LOCATION (Street City or Town, Stell Rt. 301, B:	and Number or R	lural Route Number,			
IMPORTANT: If item 28 is TO BE COMPLETED	(Olibox Olify			d at the time, date end piece, end			use(s) end manner ee stated.			
- 1 45	296 SIGNATURE AND TITLE OF CENTIFIED	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death or investigation of Centuries. 29c. 1					29c. LICENSE NUMBER OCME 29d. DATE SIGNED (Month, Day, Year) 9/15/90			

DHMH-18 Rev 1/89

8	age	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to find within 72 hours after death with the State Dest, or Health and Mental Hiviere orior to burial, compation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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BO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dent of Health and Mental Moletele prior to burial, cremation, or removal.	me
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						2. DATE OF OR	ATH		3. TIME OF GEATH
Richard DEA	N BOUNDS					MONTH 9	P476	90	0720
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	TH	8. BIRTI	HPLACE (State or Foreign
216-90-2634	1 🔀 M 2 🗌 F	21	YRS.	MONTHS DAYS	HOURS MIN.	Month, Day,	8-69		ZLAND
9e. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. (COUNTY OF C	DEATH .
Peninsula Gene	eral Hos	pital		Sal	isbury			Wicon	mico
RESIDENCE OF DECEDENT	1		10c. CIT	Y. TOWN OR LOCA	TION				10d. INSIDE CITY
and the same of the same of	MICO			ITLAND					LIMITS?
100. STREET AND NUMBER	HICO		1110		. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
631 CLYDE AVENUE					21826			USA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Spe	cify Yee or No	- 14. RAC	E — American Indien,
Never Married 2 Married Midowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 XN	10	If yes, ap	ecify Cuban, Mexica 2/2 NO Specif	en, Puerto Ricen,	rtc.)	Spec	ik, White, etc.
15. OECEDENT'S EDUI	CATION COMPONENTS	18a. DE:	CEDENT'S	USUAL OCCUPATI	ON and working	16b, KIND	OF BUSINESS	B/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)	nas ar marning				
12		WEI	LDER				COMP		
17. FATHER'S NAME (First, Middle, Last)					D	AME (First, Middle,			
CHARLES RICHARD B	OUNDS					ELLEN M			
194. INFORMANT'S NAME (Type/Print)					and Number or Rural	A 35 A 4 A 4 A 4			
MARY ELLEN BOUNDS					ENUE, FRI			21826 N — City or T	
1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ALLEN	ece)	TERY				MARYI	
21. SIGNATURE OF CONTRAL SERVICE LIC	095	llei		ZELL	ND ADDRESS OF FA ER FUNER SBURY, MI	AL HOME	2		
23. PART I. Enter the diseases, Dr	complications that	caused the da	eth Do		oto id ditan				
			aui. Do i	not anter tha me	oaa or ayıng, suc	ch se cardiac o	r respirator	y srrest,	
ahock, or heart failure.	List only one saus	e on each line	i.	not anter tha m	oda or dying, suc	ch se cardiac o	r respirator	y srrest,	intarvai Betw
IMMEDIATE CAUSE (Final disease or condition		e on each line	1.		oda of dying, suc	ch 98 cardiac d	r respirator	y srrest,	intarvai Betw
IMMEDIATE CAUSE (Final	Clos	e on each line	ad T	rauma	oda or dying, suc	ch sa cardiac d	r respirator	y arrest,	intarvai Betw
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Clos	ed Hea	ad T DUENCE D Le A	rauma cciden		ch es cardiac d	r respirator	y srrest,	Approximate interval Betwoonset and Do
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b. Mot	ed Hea	A. T. DUENCE D. L. C. A. QUENCE O	rauma n: cciden n:		ch es cardiac o	respirator	y srrest,	intarvai Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated evants	b. Mot oue to (e on each line ed Hea or as a consec or cy cl or as a consec dr as a consec	DUENCE D	rauma e: cciden e:	t) Part i. 24e.	WAS AN AUTO	PSY 24	interval Betw Onset and D
immediate cause (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	b. Mot oue to (e on each line ed Hea or as a consec or cy cl or as a consec dr as a consec	DUENCE D	rauma e: cciden e:	t	n Part i. 24s.	WAS AN AUTO PERFORMED?	PSY 24	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU
immediate cause (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	b. Mot oue to (e on each line ed Hea or as a consec or cy cl or as a consec dr as a consec	DUENCE D	rauma e: cciden e:	t	n Part i. 24s.	WAS AN AUTO	PSY 24	b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	b. Mot oue to (e on each line ed Hea on as a consect on as a consect on as a consect on as a consect death but not e	DUENCE D	rauma F): Cciden F): In the underlyin	g cause given in	Part i. 24a.	MAS AN AUTO PERFORMED? YES 2 X N	PSY 24	b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DEVES 2 NO 27. MANNER DF DEATH 1 Natural 5 Pending investigation in condition investigation in condition investigation in condition investigation investigation investigation in condition investigation investigation in condition in condition investigation investigation in condition in condition investigation in condition	Clos DUE TO (b. Mot OUE TO (c. DUE TO (d	e on each line e d He a or As A conset or Cy Cl or As A conset or As A conset or As A conset for As A conset or As A conset for As A conset for As A conset or As A	DUENCE D D DUENCE D D D D D D D D D D D D D D D D D D D	rauma F): Cciden F): In the underlyin 26. F OTHER: 4 Nursing Horizon BE OF 28c. Ni Unry 1 street, factory, offi	g cause given in LACE DF DEATH (C. LACE DF DEATH (C. JURY AT ORK? YES 2 N NO DE ANK Bri	heck only one) a Other (Spe 28d. DESCRIBI Thrown City or Now dige	MAS AN AUTOPERFORMED? YES 2 X No. City) HOW INJURY (Street and No. 7, State) Fruit	PSY 24 O CCURED M MOT Umber or Rural tland	b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 ND OTCYCLE Route Number,

Deputy M.E. cause of Oeath (ITEM 27) (Type, Print)

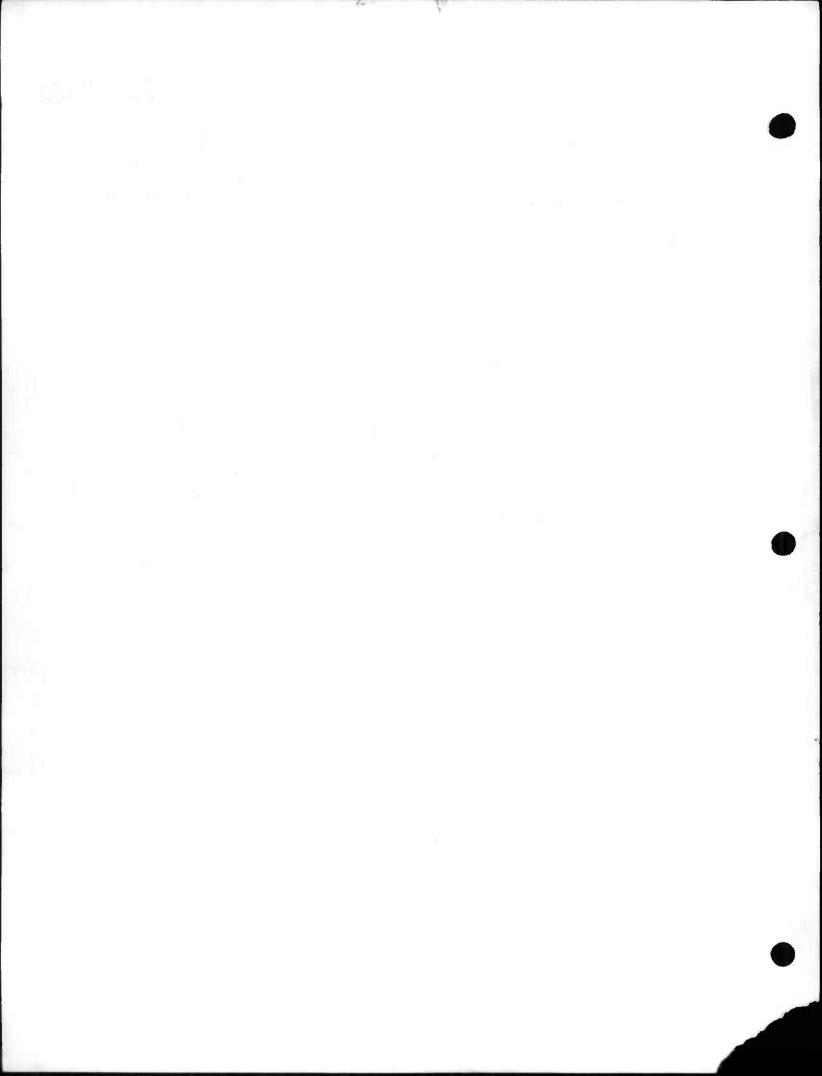
y, M.D., 108 Pine Bluff Rd., Salisbury, Md.
32. BEGISTRAR'S SIGNATURE
Juna Davidson-Pandelle. 21801

T0810 14

		, 6,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mount after death. Page 6 may be retained by the hospital or attending physician.	10 HE FUNEMAL DIRECURIA AND CONTINUED TO BE SUPPORTED BY THE BURNING PROPRIES AND COMPACED TO THE DIRECULA PAGE OF CONTINUED TO THE DIRECULAR PAGE OF CONTIN	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE	
CEPTIFICATE OF DEATH										

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH		NTAL HYGIENE REG. NO.	E	90 27053		
	1. DECEDENT'S NAME (First, Middle, Last)	·	<u> </u>			2.	DATE OF DEATH		3. TIME OF DEATH		
	Ollie N. Carson						9 11		90 7:00 a M		
漢	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS. 7.	DATE OF BIRTH		6. BIRTHPLACE (State or Foreign		
DIRECTOR	230 12 0233	1401.23.14							20 Virginia		
4	9e. FACILITY NAME (If not institution, give stre				WN OR LOCATIO	ON OF DEATH		9c. COU	INTY OF DEATH		
2	12707 Heidi Marie	Ct.		Uppe	er Marl	boro		Prir	nce George		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	DCATION	-			10d. INSIDE CITY LIMITS?		
E	Maryland Prince		1 XX ES 2 NO								
1	10e. STREET AND NUMBER		1 -11	per Mai	10f. ZIP CODE			10g. CIT	TIZEN OF WHAT COUNTRY?		
FUNERAL	12707 Heidi Marie	Ct.			2077	2		Uni	ited States		
3	11, MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT O	F HISPANIC C	ORIGIN? (Specify Yes	or No-	14. RACE — American Indien, Black, White, atc.		
	1XXNever Married 2 Married	FORCES? 1 YES		If yo	specify Cube	n, Mexicen, Pr Specify:	uarto Rican, etc.)		Specify:		
BY	3 Widowed 4 Divorced								Black		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. OECEDENT'S (Give kind of	work done durin	PATION g most of workin	g	16b. KIND OF BUS	INESS/IN	OUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)							1.00107		
₽ P		3yrs.	C1	erk					mment		
8	17. FATHER'S NAME (First, Middle, Last)				Callings		(First, Middle, Maiden	Sumame)			
BE	David Carson						erguson				
0	19a. INFORMANT'S NAME (Type/Print)						e Number, City or Town				
	Etelle Jackson		b. PLACE OF DISPO				Hgts.,Mar		- City or Town, Stata		
	20s. METHOD OF DISPOSITION 1 Burlel 2 Teremetion 3 Permo	val from State	other place)								
	4 Done)fon 5 Dother (Specify)		c. HITT I	VEHIOL 1	T BULL	al Pa	rk juyno	nour	rg, Virginia s FuneralHome		
- 1									, Maryland20785		
	Joseph B	let		/4	4 Lanc	over .	ka. Lando	ver,	, Marytand20785		
	23. PAST I. Enter the diseasee, Dr ci ahock, or heart fellure. L			not enter the	mode of dy	ing, auch e	a cardiec or reapl	retory ar	rreat, Approximata interval Between		
	IMMEDIATE CAUSE (Finel			1	1	11) 1 = =		Onset and Death		
	disease or condition resulting in death)	1829	mary	1 1	Oau.	14	1 DUG	125	2 your		
		DUE TO (OR AS	A CONSEQUENCE	5F):	A	0	1	12	20		
NO	Sequentially list conditions,	DUE TO (OF AS	A CONSEQUENCE	Du	* A	Kean	21	115	Cose year		
F	if any, leading to immediate ceuse. Enter UNDERLYING		000	Ria	VTh	1 AU	1 Pron		i V		
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE)	1 1	100 W	au m	1	1600		
CERTIFICATION	resulting in deeth) LAST	Ile a	On A	0111	, 0						
B		- A VI	ajue	eve	~						
SAL	PART ii. Other algnificent conditions	contributing to deeth	but fot reaulting	In the unde	rlying ceuse	given in Par	rt I. 24s. WAS AN PERFOR		AVAILABLE PRIOR TO		
음							_ 1 - YES 2	U NO	COMPLETION OF CAUSE OF DEATH?		
W							_		1 Tes 2 No		
PHYSICIAN: MEDIC							2				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF D	EATH Check	only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Ou	tpetient 3 DOA	4 - Nursing	-	esidence 6 C	Other (Specify)				
H	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY	c. INJURY AT WORK?		d. DESCRIBE HOW I	NJURY O	CCURED		
B	1 Netural 5 Pending 2 Accident Investigation				YES 2						
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp.	IY — At home, farm, ec/fy)	atreet, factory	office	28	City or Town, State)		er or Rural Route Number,		
COMPLET	CONSTRUCTION OF THE PROPERTY O	CIAN: To the best of my kno									
Ö	2 MEDICAL EXAMINE	TOn the besis of examinati	on and/or investigat	lon, in my opin	lon, death occu	red at the tim	ne, date and place, an	d due to	the cause(s) and menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2011			29c. LIC	ENSE NUMBE	ER .	29d. DA	ATE SIGNED (Month, Day, Year)		
	(2)	eev-			_DI	034	46	1	-11.40		
2	30. NAME AND AODRESS OF PERSON WHO	AN, M.D., P.A.	EATH (ITEM 27) (Typ	oe, Print)							
	VICKEN POO	CHIKIAN, M.D.									
- 1	24 DATE EN ED Month Day \$600 ANIA		HATURE %	2.00							
- 1			THE PARTY OF THE P								



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OF VI	DUVCICIAN.
IIVISION OF VITAL RECORDS, P.O. BOX 13146,	OD ATTENDING DUNCHAN: The law requires that the death certificate he executed within 24 h
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		FOR STATE REGISTRAR	STATE OF MAI		DEPARTMEN				YGIENE EG. NO.	90 3	270	54
		1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF D	DEATH DAY	YEAR - 4	TIME OF DE	ATH
		Archie Bernard		.00			1	AUGUS	T 30 1	790 8.	55	A.
		4. SOCIAL SECURITY NUMBER 371-10-5024	5. SEX 6.	AGE (In yrs. lest	VRS. IF UNDE	DAYS	HOURS MIN.	7. DATE OF B (Month, Dm) March	7, 1918	8. BIRTNPLA	ce (State or ingto	Foreign
3		9a. FACILITY NAME (If not institution, give s	-	12		Y TOWN C	OR LOCATION OF OR	<u> </u>		WASII		
18 m	.H	Frederick Memoria		1	33. 37		derick	24117		lerick		
-	5	RESIDENCE OF DECEDENT			10c. CITY, TOWN					La		
physician. burial-transit permit. Pages 1.	DIRECTOR		100 54114				le			1000	I, INSIDE CI LIMITS? YES 2	
		10e. STREET AND NUMBER					. ZIP CODE		10g. CITI	ZEN OF WHAT		
nsit p	FUNERAL	Box 306					21773		USA	A		
physician. burial-trar	S.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX	VER IN U.S. ARI	MED 13		ENDENT OF NISPAN			14. RACE — A	American in hita, etc.	dien,
fing phr the bu	ВУ	3 Widowed 4 Divorced	W. W. Ii				2X NO Specify			Specify: whit	- 6	
r attending use as the		15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	CEDENT'S USUAL of work done	OCCUPATION	ON	16b. KIN	D OF BUSINESS/INC			
8 2	E	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use retired.		ist or working					
the hospital of detached for once.	COMPLETED	12	2		owner		I		eprograp	nics		
# 8 E	BE CO	17. FATHER'S NAME (First, Middle, Lest) Arthur Thomas Car	mp					ice Ow	e, Malden Surname) PN	10)		
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Patricia A. Camp					rsville,			Code)		
teath. Page 6 may be funeral director, page xaminer must be		20s. METNOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	and from State	20b. PLACE C	OF DISPOSITION (lame of cer	metery, crematory or		20c. LOCATION —	City or Town,	State	
Page 6 ma Il director, p ner must		4 Donation 5 Other (Specify)		Gate	of Heav				Silver	Sprin	g, Md	
death. Pag tuneral di I. examtner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	~			NO ADDRESS OF FA		MF.			
		XOY!	Dun	ne	el		E. Wilso			town,	Md. 2	1740
ted within 24 hours after completely filled in by the ial, cremation, or removal: event, the medical		23. PÄRT I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.			Crof			rest,		imete Between and Deatt
th certificate be executed and find physician and con Hygiene prior to burial, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	R AS A CONSEC	UENCE OF):							
284	EDICAL	PART II. Other significant condition	ne contributing to de	ath but not n	esulting in the	inderlyin	g cause given in		. WAS AN AUTOPSY PERFORMED?	CO OF	RE AUTOPSY MILABLE PRIC MPLETION O DEATH?	OR TO OF CAUSE
- La	Σ	-								10	YES 2	_ NO
Pe la Pe	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (Ch	eck only one)				
SICIAN: The certificate the State	HYSICI	1 YES 2 NO	1 Inpatient 2 Ef		DOA 4 N	ursing Non	ne 5 🗆 Residence					
The this	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		26b. TIME OF INJURY M	WC	JURY AT DRK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY OC	CURED		
TTENDII TOR: Ai after de 28 is	ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF It building, etc.	NJURY — At hor (Specify)	me, farm, street, fa	ctory, offic	ea .	281. LOCATIO City or To	N (Street and Numbe wn, State)	r or Flural Floute	Number,	
TAL OR TAL DIRE 72 hour	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my ER: On the basis of sxem								d manner a	s stated.
8 2 5 2	1 5 II											erl
2	BE (296. SIGNATURE AND TILE OF BETTIFIE	9	1	00		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (Ma	onth, Day, You	2
TO THE HO TO THE FUI be filed with		29b. SIGNATURE AND WILE OF DEPTUPE 30. NAME AND ADDRESS OF PERSON WI	lusar	OF DEATH (ITE	1 27) (Type, Print)	,	29c. LICENSE NUI DO 7/	86	29d. DAT	8(30	oreth, Day, Yes	2

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-Frours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained and the companion or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
TIME	IERA	E
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Ų	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			TYGIENE REG. NO.	90	27055
	1. DECEDENT'S NAME (First, Middle, Last) William	. CORN	ELL			2. DATE OF MONTH AUG.	24, 199) YEAI	3. TIME OF DEATH 11:35 A. M
	146-05-7620	1 X M 2 □ F 80	YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH 25, 191	Pe Pe	HTHPLACE (State or Foreign unity) NYS y Lvania
TOR	90. FACILITY NAME (II not institution, give street Northhampton Manores) RESIDENCE OF DECEDENT			Freder	R LOCATION OF DE	ATH		red	erick
FUNERAL DIRECTOR	MD Washi	ngton		rstown	ION				10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
ERAL	100. STREET AND NUMBER 115 N. Jonathan S.	t.			ZIP CODE 21740			S.A	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR PA	2 NO		ENDENT OF HISPAN belfy Cuben, Mexican 2 NO Specify	n, Puerto Rice		В	ACE — American Indian, lack, White, etc. pacity: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Labore)		N st of working		ork Life		Υ
COM	17. FATHER'S NAME (First, Middle, Last) Charles R. Cornel	e				ME (First, Midd Smith	lle, Meiden Surname)	
TO BE	18a. INFORMANT'S NAME (Type/Print) Mamie B. Cornell				nd Number or Aural F				740
	20s. METHOD OF, DISPOSITION 1 Burisl 2 Cremation 3 Remote 4 Donatton 5 Other (Specify)	Sn Sn	PLACE OF DISPOSIT	Cremate	netery, cremetory or		20c. LOCATION Smiths	- cm o	, MD 21783
	21. PIGNATURE OF FUNERAL SERVICE LICE	ENSEE	evis		Funeral Box 78		bura.MD	21	783
NO	23. PART I. Enter the diseases, or contained the second term of the se	DUE TO (OR AS A	CONSEQUENCE OF:	n bn					Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF)						
A		रामका मनह	ut not resulting in	the underlying	cause given in		PERFORMED?	ВУ	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M		P (P) CUA E (O HOMIP						1 Tes 2 No
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	atlent 3 DOA	OTHER:	6 Residence	8 Other (S			
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME INJU	M 1 0	PIK?		IBE HOW INJURY		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	Hy)			City or 1	ON (Street and Nun Town, State)		el note Number,
COMPLETED	1221	EAN: To the best of my known to the bests of examination							se(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	V20]	1		29c. LICENSE NUI	18ER	29d. 1	DATE SIGN	NED (Morith, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO Richard L. Gough								
	31. DATE FILED (Month, Day, Year) SEP 0 4 'Q0	32. REGISTRAR'S SIGN	ATURE						

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	1. DECEDENT'S NAME (First, Middle, La	est)				2, DATE	OF DEATH DA	γ γ	EAR 3	. TIME OF DEA	TH
		ean Chrisp				0	9	199		9:28	P
В	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Day, Year)	8.	Country)	ACE (State or I	oreign
- 3	427-07-5246	1 M 2 F	67 YRS.			1	16	1923		nessee	
æ	9a. FACILITY NAME (If not institution, gi			9b. CITY, TOWN O	R LOCATION OF D	EATH		9c. COUNTY			
RECTOR	Washington Cour	nty Hospital		Hager	stown				Wash	ington	
RE	10a. STATE 10b. COU		10c, CIT	Y, TOWN OR LOCATI					1	od. INSIDE CIT LIMITS?	Υ
0		Washington			rstown					K YES 2	NO
FUNERAL	10e. STREET AND NUMBER	- D1		101.	ZIP CODE	4.0		2110		AT COUNTRY?	
JNE	1749 Blue Ridg	e Koad 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECI	ZI/		(Specify Yes	U.S		- American Ind	len.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO		city Cuben, Maxic	an, Puarto R				White, etc.	
ВУ	3 Wildowed 4 Divorced				X spec				opeony.	Whit	e
TED	15. DECEDENT'S E (Specify only highest gi		(Give kind of	USUAL OCCUPATIO	N st of working	16b.	KIND OF BUS	INESS/INDUS	TRY		
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT u								
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		l Kesea	arch Chem	11St 18. MOTHER'S NA	AME (First A	liddle Maiden	Surname)			_
						- in nin			****		
BE (Belvie Dean 19a. INFORMANT'S NAME (Type/Print)	CILLISP	19b. MAILING	ADDRESS (Street ar	Anna Jo						
10	Alice V. Chris	D	1749	Blue Ri	dge Rd.	Нао	erstow	m. Md	. 21	740	,
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 F	20	b. PLACE OF DISPO					CATION CIT			
1	4 Donation 5 Other (Specify)	Tamoval from State		laven Cem			Нар	gersto	wn,	Maryla	nd
3	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	Minn		uneral	Home			
	115-0-1										
	Collect	Willanden	_	4						wn, Md	/
	23. PART I. Enter the diseases,				15 E. W	ilson	Blvd.	Hage	rsto	Approxir	nata
H	ahock, Dr haart fallu IMMEDIATE CAUSE (Final	ire. List only one cause on	aach line.	not enter tha mod	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto		nata Betw
	ahock, Dr haart fallu	self Infli	each line. cted Guns	shot Wour	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto	Approxir	nata Betw id Di
	ahock, pr haart fallu iMMEDIATE CAUSE (Final disease pr condition	self Infli	aach line.	shot Wour	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto	Approxir interval i Onest ar	nata Betw nd Da
ION	ahock, pr heart fallu iMMEDIATE CAUSE (Final disease pr condition reaulting in death) Sequentially list conditions,	a. Self Infli DUE TO (OR AS	each line. cted Guns	shot Wour	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto	Approxir interval i Onest ar	nata Betw nd Da
CATION	ahock, pr heart fallu iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Self Infli DUE TO (OR AS	aach line. Cted Guns A CONSEQUENCE O	shot Wour	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto	Approxir interval i Onest ar	nata Betw nd Da
IFICATION	ahock, pr heart fallu iMMEDIATE CAUSE (Final disease pr condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Self Infli Due to (OR AS DUE TO (OR AS	aach line. Cted Guns A CONSEQUENCE O	Shot Wour	15 E. W da of dying, au	ilson ch as card	Blvd.	Hage	rsto	Approxir interval i Onest ar	nata Betw id Di
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Market Company

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		1 - FOR STATE REGISTRAR	STATE OF I			TMENT OF H		MENTAL HYGIE	-	0 27057	,
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY YI	3. TIME OF DEATH	
		Donald				Culp			15 9		M
6	V	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
(12	1,	204-24-2135	1 🔯 M 2 🗆 F	58	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-4-32		York, Pa.	
3	A	9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY, TOWN O	OR LOCATION OF DI	ATH	9c. COUNTY	OF DEATH	
6,3	9	Union Hospital	<u>l</u>			Elk	kton		Ce	cil	
Pages 1,	DIRECTOR	Pasidence of Decedent 108. STATE 10b. COUNT	Delawa	are	10e. CIT	y, town on locat Brookl		-colia		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO	
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 280 Bridgewate	r Road	· - '		101	zip code	015		J.S.A.	
	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AI 15 YES 2 WAR OR DATES	NO	If yes, sp	ecity Cuben, Mexico 2 MiO Specif	NIC ORIGIN? (Specify) in, Puerto Rican, etc.) v:	fee or No— 14.	RACE — American Indian, Black, White, stc. Specify: White	
r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade		16n, Di	ECEDENT'S	USUAL OCCUPATIO	ON set of working	16b, KIND OF B	USINESS/INDUS	TRY	
spital or red for u	once.	Elementary/Secondary (0-12)	College (1-4 or 5	+) #h	Do NOT u	dent	or or worning	Secur	ity De	evices	
3 3	111	17. FATHER'S NAME (First, Middle, Last) Fredrick Culp						ME (First, Middle, Meidle y Wantz	en Surneme)		
be retained ge 5 should	TO BE	190. INFORMANT'S NAME (Type/Print) Donald S. Cul	р					Route Number, City or 1 n Mills,			
6 may	must be	20a. METHOD OF DISPOSITION 15 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	other p	viace)	sition (Name of cer r & Pai			cocation - city	and a contract of the contract	
Page al direc	100	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRESS OF FA	CILITY 2.5		Main St.,	
after death. y the funer noval.	ехатіпог	1	1-	_		Gee I	Funeral	HOMA		Md. 21921	
filled in by on, or remo	, the medical	23. PART I. Enter the diseases, prehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ce	use on each lin	e.	not anter the mo		h es cardiac or ret	piratory arres	t, Approximate Interval Batwee Onset and Daar	
2 5 7	C event,		DUE TO	O (OR AS A CONSE	OUENCE C			sease			
clan or to	traumatic ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		O (OR AS A CONSE							
Hydie Co.	y, or other traumatic	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		O (OR AS A CONSE	OUENCE O	PF):					
he death the atter Mental	IL CE	DART II Other elevitions condition	no contribution t	a death but not		In the underlyin	o nove alves la	Boot I Loss uno	AN ALTTOROV	24b. WERE AUTOPSY FINDING	30
The law requires that the te has been signed by the tite Dept. of Health and M	SCA MY	PART II. Other significant condition	ns contributing t	o deeth but not	reauting	in the underlyin	g cause given in	PERF	AN AUTOPSY ORMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	***
v requi	S 2							_		1½∑ YES 2 ☐ NO	
has be Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)			_
SICIAN: The certificate the State	SICI Item	EXAMINER? 1XXYES 2 \(\square\) NO	HOSPITAL:	XER/Outpatient	3 DOA	OTHER:	ne 5 🗆 Residence	6 ☐ Other (Specify)			
PHY this	marked, or BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation		Day, Year)	28b. TII	JURY WO	JURY AT ORK? YES: 2 NO	28d. DEŞCRIBE HO	W INJURY OCCU	RED	
DR ATTENDING DIRECTOR; After hours after death	ED S	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At P g, etc. (Specify)	nome, ferm,	atreet, factory, offic	pe .	28f. LOCATION (Stree City or Town, Str		Rural Route Number,	
DIV DSPITAL DR A INERAL DIREC Thin 72 hours	COMPLET	(Crieda Oray						s to the cause(s) and s s time, data and place,		cause(s) and menner as stated.	
TO THE HOSPITAL I TO THE FUNERAL D be filed within 72 h	D BE C	Abi SIGNATURE AND TITLE OF CENTIFI	Jally	hy	1		29c. LICENSE NU	MBER	29d. DATE S	9/16/90	
	2	Mario F. Golle,	Jr, M.D.	- Assis	stant		111 Pe	enn St.	Ba	alto.MD	SS
		SEP 1.7 90	Sila Day	AB'S SIGNATURE	ملك						
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DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fould be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cramation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Lest)	EISIE	Copen?		7				Sep		15,		
4. SOCIAL SECURITY NUMBER	6. SEX 1 ☐ M 2 🏹 F	B. AGE (In yrs. le	el birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		Count	
219-12-7489 9e. FACILITY NAME (If not institution, give		86	ina.	9h CITY	TOWN	R LOCATIO	ON OE DE		19,	1904	_	
Laurelwood Nursi				-	lkto		on or be				cil	CAIN .
Maryland Ce	ry ecil			North								10d. INSIDE CITY LIMITS? 1 🎇 YES 2 □ NO
100. STREET AND NUMBER 408 Rolling Mill	Lane				10f	2190				1	S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 💢	RMED NO	1	If yes, sp		n, Maxica	n, Puerto	N? (Specify Yo Rican, etc.)	ea or No	14. RACI Blac Spec	E — American Indian, k, White, atc. #y: White
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)					ng .	1	Rubber	Prod	uct	S
17. FATHER'S NAME (First, Middle, Last)			mope	CCOL		18. MOT	HER'S NA		Middle, Meide			
William C	reger							Mil:	inda	Umber	ger	
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	G ADDRESS	S (Street a	and Number	or Rural i	Route Num	ber, City or To	wn, State, Zip	Code)	
James E. Copenh			100	D - 111			D	a	Monte	h Eas	+ 1	MD 21901
dames h. copem.	laver		408 .	KOTTI	ing I	Mill	Road	a				
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20a. METHOD OF DISPOSITION S⊖D 1 1 Burlal 2 □ Cremation 3 □ Red 4 □ Donation 5 □ Other (Specify)	t. 18, 199	other p	E OF DISPO	nor I	me of cer Memo	netery, crem	natory or Par	:k	20c. L E1	kton,	Mar	own, Stata
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20a. METHOD OF DISPOSITION SCD 1 Reviel 2 Cremation 3 Rev 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or haert feiture immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. C/v DUE TO C. A S 4 DUE TO DUE TO d.	Gilp cabet caused the dee on each lin (OR AS A CONSI	e of DISPO Disco) in Ma	not entar	Memo Memo Mame All Classification of the more and a second of the more	notery, creating the property of the property	Par Par ss of FA DMC Stor MD Ing, suc	Part I.	Ell Funeran Street Stre	kton, als, Pets piratory arm	Mar .A.	Approximata Interval Betwee Oneet and Da
20a. METHOD OF DISPOSITION SCP 1 R Buriel 2 Cremation 3 Rev 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or haert feilure immediate Cause. Enter UNDERLYING Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	t. 18, 19 moval from State ICENSEE complications that List only one cau a	Gilp Gilp Construction Goras a constructi	e of DISPO Disco) in Ma	not entar	Memc Memc Mame At Memc Mame At Memc Memc Memc Memc Memc Memc Memc Memc	orial ND ADDRESS He and	Par Par ss of FA DMC Stor MD Ing, suc	Part I.	Ell Funeran Street Stre	kton, als, Pets piratory arm	Mar .A.	Approximata Interval Betwee Oneet and Da
20a. METHOD OF DISPOSITION SCP 1 R Buriel 2 Cremation 3 Rev 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or ahock, or haert feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	t. 18, 19 moval from State ICENSEE Complications that List only one cau B. CV DUE TO C. A S & OUE TO d. OUE TO	Gilp Gilp Caused the dee on each lin (OR AS A CONSI (OR AS	E OF DISPO	not enter OF): OTHEL 4 Nur	Memo Memo Memo Memo Memo Memo Memo Memo	prial prial property of the price of the pri	Par Par Ss of FA DMC Stor MD Ing, suc	Part I.	24a. WAS A PERFO	kton, als, Pets piratory arm	Mar .A.	Approximata Interval Betwee Oneet and Da

D32395 29d. DATE SIGNED (Month, Day, Year)

9-17-90 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 Mauldin Avenue Thomas Finucah M.D. 31. DATE FILED (Month, Day, Year) 90

21901 North East, MD

DHMH-16 Rev 1/89

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	teath	fune	-
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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_		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 U 2 / U 3 2 REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH DAY YEAR KATHERINE MARIE CLARK SEPTEMBER 17, 1990 2:15 PM
		4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) if under 1 year if under 24 Hrs. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
(P)		220166615 1 M 2 X F 63 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) Country) Md
S S		9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
2,3	TOR	SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEMENT
Jes 1,	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
permit. Pages		Md Allegany Lonaconing 1 □ YES 2 → NO
	RAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WNAT COUNTRY? USA USA
physician. burial-transit	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indien,
	BY FL	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO Specify: White
as the		16. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
or att	ETE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)
ed pit	COMPLETED	12 6 Homemaker Home
the hospit detached	00	17. FATHER'S NAME (First, Middle, Last) Samuel Wilson Gardner Katherine Ravenscraft
should be	BE	Samuel Wilson Gardner Katherine Ravenscraft 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Flural Floute Number, City or Town, State, Zip Code)
5 5	2	Eugene DeWitt Clark 36 Charlestown St, Lonaconing, Md. 21539
6 may be ctor, page nust be		20s, METHOD OF DISPOSITION 1. Surfet 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State
0 0 0		4 Donation 5 Other (Specify) Mt. View Cem. MoscowMills, Md.
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home
0 - 2 0	Щ	Lonaconing, Md. 21539
ed in the		23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between
y fille the		IMMEDIATE CAUSE (Final disease or condition Carr has a fitte Laver
ed within 24 ompletely fille I, cremation, event, the		resulting in death) s
executed and com to burial, martic events	NO	disease or condition resulting in death) s. Due to (OR AS A CONSEQUENCE OF):
or clan	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING
certificate ding physi tygiene pr	JFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
· # # = 0	ERI	resulting in death) LAST
that the death of by the attend and Mental H	I C	PART_II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?
that than	DICAL	Kestimatry Failure Chilt Vulingrary Edema 1 VES 2 100 COMPLETION OF CAUSE OF DEATH?
law requires that as been signed labert, of Health a 23 shows any	MED	due to higher Volence State Isoline 1 - YES 2 - NO
		25. WAS CASE REFERRENT TO MEDICAL (Deck only one)
4 # a a B	SICIAN:	25. NAS CASE REFERRED TO MEDICAL (28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO
그 등 등	PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	ВУ Р	Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO
W G > C C	EDE	3 Suicide 8 Could not be 4 Homicide determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
DIVISION OR ATTEN DIRECTUR: hours after Item 28 i	E	ADD CENTRICED
Z 7 2 Z	COMPLET	Check only 000 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and due to the cause(s) and manner as attend. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ea stated.
HOSPITAL FUNERAL within 72	8	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
TO THE HOSPIT TO THE FUNER De filed within 7	BE	D (Landly 4) D 14464 > 9-17-90
) /	유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
4		SIKANDER LAL SANDHIR, M.D. 48 TARN TERRACE, FROSTBURG, MD 21532
		31. DEFE 20 (1) 1990 Sucha Davidson-Manuster

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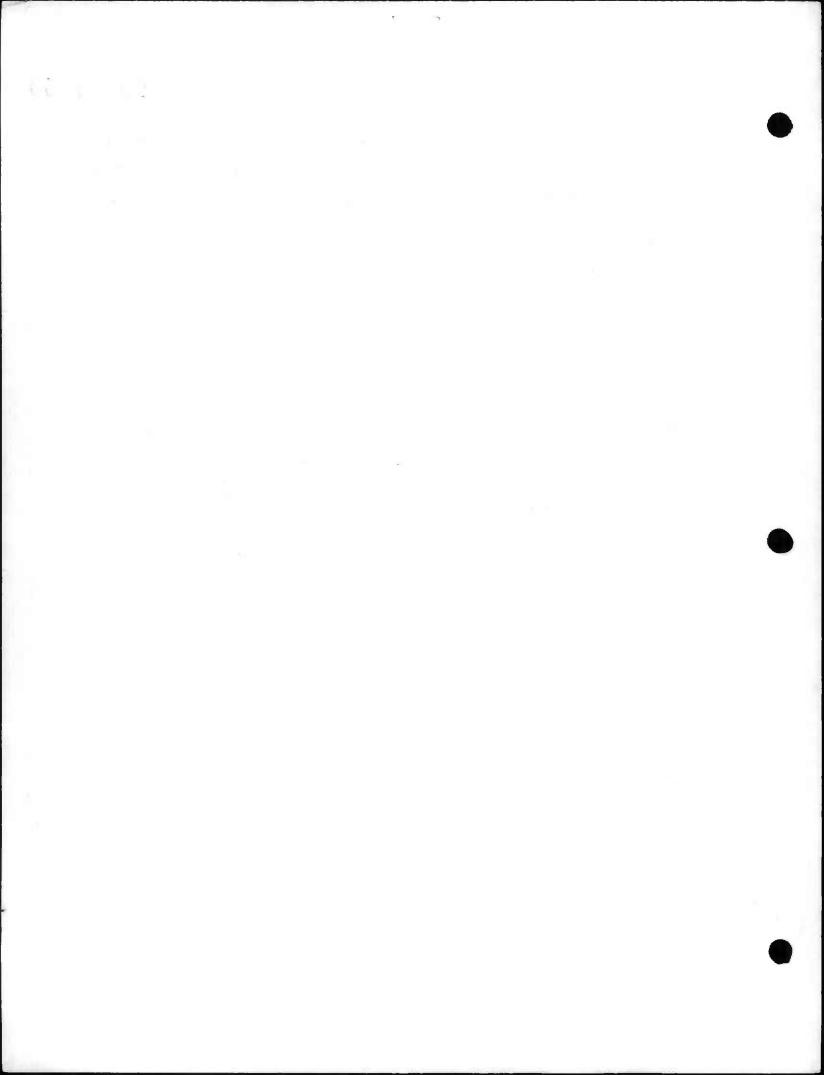
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ours after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 — curs after death. Page 6 may be retained by the hosp	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		CERTIFICATE	0	F DEAT	TH		REG	NO

90 27060

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		0 27060
	1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DEATH		3. TIME OF DEATH
	THOMAS	CI	AMPB	ELL		MONTH 09 DA	08 90	7:54 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
	214-23-5141	XX M 2 □ F 7	7 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 25.19		amaica
	9e. FACILITY NAME (If not institution, give	itreet and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	Holy Cross Hospit	al		Silver	Spring		Montgor	mery
JE C	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
		e George	Rive	erdale				YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?
Ä	6814 Beacon Place			2	0737		United	States
E I	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IF	N U.S. ARMED		ENDENT OF HISPANI ecify Cuben, Maxicen	IC ORIGIN? (Specify Yes	or No- 14. RA Bio	CE — American Indian, ick, White, etc.
BY	3 Widowed 4 Divorced	FORCES? 1 YES	ATES XX		2 NO Specify:		Sp	eclfy:
	15, DECEDENT'S EDU	CATION	18e DECEDENT'S	USUAL OCCUPATION	NC MC	16h KIND OF BUI	I SINESS/INDUSTRY	Black
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mo se retired.)	et of working	los tans of so	SIN 2007 IN 0 0 0 11 11	
PL	10th.	College (1-4 of 5+)	,	Parmer		Day	ivate	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			and the same	18. MOTHER'S NAM	ME (First, Middle, Meiden		
BE C	Felix Uriah Campb	ell			Alice Fo	eter		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street		Noute Number, City or Tow	n, State, Zip Code)	
ĭ	Norma Campbell		6814 I	Beacon P	l. Rivero	lale. Marv	land 207	137
	20e. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Rem	noval from State	o. PLACE OF DISPO				CATION — City or	
	4 Donetion # Other (Specify)			Memoria	Park	Land	dover, M	Maryland
	21, SIGNATURE OF FUNERAL SERVICE LI	CEMBEE /	/ . (/.	22. NAME A	ND ADDRESS OF FAC	J.B. Jei	nkins Fu	meral Home
	Lummy 1	1 4 VIOV	\mathcal{A}n	7474	andover	Rd. Lando	ver, Mar	yland 20785
	23 PART I. Enter the diseases, or	complications that cause	the death. Do	not antar the mo	da of dying, suct	h as cardiac or resp	iretory srrest,	Approximata
	IMMEDIATE CAUSE (Final	List only one cause on a		- 2				Interval Between Onset and Dasth
	diseese or condition resulting in death)	. acute	aso	water	u pu	Minou	•	Sudden
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	PF):				
Z	Securetially list conditions	b		101				
TIC	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR AS /	A CONSEQUENCE O	F):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE O	IE).				
TI	that initiated events resulting in death) LAST	00E 10 (01 A3)	A CONSECUENCE C	··).				İ
CE		d						
CAL	PART il. Other significent conditio							4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC	Chowa 1	eurens	aspli	10104	prem	1 D YES	CIK-MO	COMPLETION OF CAUSE OF DEATH?
MEDI					<u> </u>			1 TES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26, P	LACE OF DEATH (Chi	eck only one)		
YSI	1 TYES 27 NO	1 Inpetfent 2 ER/Out		4 - Nursing Hor	ne 5 🗆 Raeldence			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TH	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
BY	2 Accident Investigation	25 - PL 405 05 WIND			YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide daterprified	28e. PLACE OF INJURY building, etc. (Spe	r — at nome, rarm, eclfy)	street, tactory, om	•	281. LOCATION (Street City or Town, State	end Number or Hur)	al Houte Number,
H	29e. CERTIFIER							
COMPLETED	(Check only	BICIAN: To the best of my know						(a) and an analysis of the
00		ER: On the basic of examination	on und/or investigati	on, in my opinion,		11-1-1-1-1		
8	296. SIGNATURE AND TITLE OF CERTIFIE	Youk	10		1) Ala	WBER 24	29d. DATE SIGN	IED (Mgnth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	FATH (ITEM 27) /3-	Print)	1 000 /	7	7/ 0	0/10
	MYRON L.	LENKIN	mb	e, riniy	309 5%	YORE FIR	LD! X	
	31. DATE FILED (Month, Day, Year)		NATURE .		NHEAT	DN /		
	ern 1 0 '00	32. REGISTRAR'S SIGI	dron-Randel	الم				



٥	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ō	>	TAL	REC	ORC	S, P	o.	BOX	1314	, 9		BALTIMORE, MARYLAND	ORE,	MARY	LAND
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	IN ATTENDI	NG PHY	SICIAN	: The lar	w require	s that th	ne deat	h certi	ficate be	execute	within ,	4 hours after	er death. Pag	в в шау	be retained	y the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IRECTOR: A	fter this eath with	certific	ate has	been sig of. of Hea	ned by	Wental	Hygie	physicia ne prior	to burial	mpletely cremati	filled in by to on, or remove	he funeral di. ral.	ector, pa	be 5 should	be detache
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nm 28 is	marke	1, or	tem 2	3 shows	any in	ıjury,	0r ot	her trau	matic	rvent, t	ne medica	i examiner	must b	e notified	at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	PARTMENT OF P		NTAL HYGIENI REG. NO.	9	0 27061
	1. DECEDENT'S NAME (First, Middle, Last)	Frances	Cran		DATE OF DEATH MONTH	90	AR 3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 224—26—3827	5. SEX 6. AGE (In yrs. lest birtho	MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) June 22,	C	HRTNPLACE (State or Foreign Country) VIRGINIA
œ	9a. FACILITY NAME (If not institution, give at			OR LOCATION OF DEATH		9c. COUNTY	
CTO	5705 WOODLAND DRIV			REST HEIGH	IIS	PRINC	E GEORGE'S
DIRECTOR	MARYLAND 106. COUNTY PRINCE	E GEORGE'S	FORES	T HEIGHTS			10d. INSIDE CITY IMITS? 12 YES 2 NO
FUNERAL	100, STREET AND NUMBER 5705 WOODLAND DRI	[VE	10	zip code 207	747		S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 O IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF NISPANIC (ecify Cuben, Mexicen, P 2 XXO Specify:			RACE — American Indian, Black, White, atc. Specify: BLACK
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)	Completed) (Give kind life. Do NO	NT'S USUAL OCCUPATION of work done during me OT use retired.)		DOMEST		RY
COMPL	12th grade 17. FATNER'S NAME (First, Middle, Lest) CLARENCE BRYANT	11000		16. MOTHER'S NAME SARAH BE	(First, Middle, Maiden		
TO BE	19e. INFORMANT'S NAME (Type/Print) BEATRICE BRIMME!	R 19b. MAII 5705	LING ADDRESS (Street WOODLAND	DRIVE FOR	Number, City or Town	HTS, M	ARYLAND 20747
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remided Donation 5 Other (Specify)	pval from State 20b. PLACE OF DIS	SPOSITION (Name of ce Y MEMORIAL	CEMETERY		DOVER,	or Town, State MARYLAND
	21. SIGNATURE OF PONERAL MENUEL LIC	aylel		INSTEUNERA HUNT PLAC			D.C. 20019
NO	shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE)	Cardio)	ode of dying, such a			Interval Batwean Onset and Death
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONSEQUENCE d.					
PHYSICIAN: MEDICAL CE		a contributing to deeth but not result	ing in the underlying	g ceuse given in Pa	rt I. 24e, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X MO
IAN	25. WAS CASE REFERRED TO MEDICAL		28. F	LACE OF DEATH Check	only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DO	OTHER: 0A 4 Nursing Hor	ne 5 Priesidence 6 (Other (Specify)		
ву РН	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT 21 DRK7 YES 2 NO	8d. DEŞCRIBE NOW I	NJURY OCCUR	žO.
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, fa building, etc. (Specify)	erm, street, factory, offi	20	81. LOCATION (Street of City or Town, State)	and Number or f	Bural Route Number,
COMPLETED	TOTAL OTHY	ICIAN: To the best of my knowledge, death or					ouse(e) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERCHIFIE	mac ND		29 LICENSE NUMBE 2)-212	3 7)	29d. DATE SH	GNED (Month, Day, Year)
10	30. MANE AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	Par house	MACO	Sav.	M 20748
	SFP 1 3 90 Year)	32. REGISTRAR'S SIGNATURE SIGNA DAY GOOD FORDER	1500/	and here		7	

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FOR STATE REGISTRAR

JAMES

4. SOCIAL SECURITY NUMBER

235 72 4696

RESIDENCE OF DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

1 -

DIRECTOR West Va EIKVIEW FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 25071 burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Marrie 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced detached for use as the Vietnam COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 12 Laborer once. 17. FATHER'S NAME (First, Middle, Last) 3 Cammie Alma Ccttrell BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 305 South Pinch Road, Pinch, WV Latisha Hunt ě 20a. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Rocky Branch Cemetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 24 nours after death. 91 Willis Street, hysician and completely filled in by the prior to burial, cremation, or removal. medicai 23. PART I. Enter the disesses or complications that caused the shock, or heert fellure. List only one ceuse IMMEDIATE CAUSE (Finel the disesse or condition resulting in deeth) within event. traumatic CERTIFICATION Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING physician 8 certificate CAUSE (Disease or Injury other y the attending phy d Mental Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL een signed by the shows any bas been a PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? OTHER: g Home 5 🗆 Rasidenca 6 Other 6 27. MANNER OF DEATH 28c. INJURY AT with b item 28 is marked, 1 Natural
2 Accident 5 Pending Investiga 1 YES 2 NO death y DIRECTOR: After the hours after death BY HOSPITAL OR ATTENDING 3 Suicide a Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my know TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 hr BE

100

32 REGISTRAR'S SIGNATURE Fulia Davidson-Kandall

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31. DATE FILED (Month, Day, Year) SEP 20 '90

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REESE

6. AGE (In yrs. lest birthday)

5. SEX

Carroll County General Hospital

10b. COUNTY

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CERTIFICATE OF DEATH

COTTRELL

10c. CITY, TOWN OR LOCATION

DAYS

Westminster

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State West Virginia 03 26 47 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll 10d. INSIDE CITY 1 YES 2 NO 10g CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Construction 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walker 20c. LOCATION — City or Town, State Walton, WV Westminster, MD Approximate Interval Between Onset end Death 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY **AMAILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 - YES 2 NO and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated

10-13-00

BALTIMORE, MARYLAND 21203-3146

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I UTE MUST IN ALL ENDING THE SIGNATURE OF THE STATE OF TH	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	0	secontaint. It is an 90 is maded or item 92 shows one injury or other framedic event the medical examiner must be notified at once
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR			EKIT	TCATI		DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		-	8					2. DATE O	F DEATN DA	٧	YEAR	3. TIME OF DEATN
	Brian Keith (Chaney							Sept	ember	24	1990	12:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER		7. DATE O	F BIRTH Day; Year)		6. BIRTI	HPLACE (State or Foreign
	212 88 9857	1 N 2 F	19	YRS.	MONTHS	DAYS	HOURS	MIN.	3 30			w . T	yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DI	EATH		9c. COU	INTY OF D	
۳	90 West Mt. Mari	nony Roa	d		<u>ا</u>	wing	2				Ca	lver	+
۲	RESIDENCE OF DECEDENT	nony nou				"1119	0				Cu.	LVCI	
Ĭ,	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland Calve	ert		0	wing	S							1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						f, ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	90 West Mt. Hari	nony Poad					207	36				USA	
Ξ	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DE			NIC ORIGIN?	(Specify Yes	or No	14. RAC	E American Indian,
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 [IF YES, GIVE WA	YES 2	NO		If yes, o	s 2 NO	ın, Mexica	in, Puerto Ri	can, etc.)			k, White, etc.
B	3 Widowed 4 Divorced	IF YES, CIVE IN	OII DATES			1 16	XINO	apeun	у.			Space	white
	15. DECEDENT'S EDUC		16a, D	ECEDENT'S	USUAL C	CCUPAT	ION		16b. I	UND OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade		- 61	Give kind of a. Do NOT u	work done se retired.)	during m	ost of worki	ng					
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)							- 1	,			
Ξ	17. FATHER'S NAME (First, Middle, Last)			stude	nt		40. 1407	MEDIO NA	00F (Fine A4)	n/a	Cumanal		
3							1						
H H	James K. Chaney									leen			
2	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural	Route Numbe	r, City or Town	n, State, Zi	p Code)	
-	Donna K. Chaney			sam	e as	#10)						
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Reme	wel from State	20b. PLACE other to	OF DISPO	SITION (N	lame of ce	emetery, cree	metory or		20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)	Svali Hom State		uthe.	rn Me	emor	ial (Gard	ens	Dur	kirk	c Cal	lvert Maryla
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	NAME A	NO ADDRE	SS OF FA	CILITY R	ausch	Fune	eral	HOme
- 1	D RRO	Son				D O	Box	15		s mar			
_	23. PART I. Enter the diseases, or o												730
	ahock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (F):	FAI	LUR	F 7	757	Ropp	44		Interval Between Onset and Death
CERTIFICATION	cause, Enter UNDERLYING	c	OR AS A CONSI										
	PART II. Other significent condition	s contributing to	death but not	resulting	in the u	nderlyi	ng cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
5										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL									_	1 YES 2			OF DEATH?
3									—				1 YES 2 NO
2													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		PLACE OF I	DEATH (C	heck only one)			
2	1 UYES 2 160	1 Inpatient 2			4 🗆 Nu	insing Ho		esidence	6 🗆 Other				
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF ((Month, Da		28b. Til	ME OF LJURY M	W	UURY AT ORK? YES 2	□ NO	28d. DESC	CRIBE HOW I	NJURY O	CCURED	
TED BY	3 Suicide 6 Could not be determined	28e. PLACE OF building, o	FINJURY — At I etc. (Specify)	nome, farm,	street, fa	ctory, off	ice			TION (Street of Town, State)		er or Rural	Route Number,
COMPLET	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINE	_											(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	1/1					29c. LK	ENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day/ Year)
m	1 LL X	t Nou	21 00				7	26	358	,	•	9/	27/90
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH AT	EM 27) (7/2			1 1)	a v	230			7/	- /(
	24 DATE EU ED 44 A	77.	NOD!	0 0	/	13)							
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OD ATTENDIAGE BLACKETTE The law consists that the death cartificate he executed within the
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2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH GERTRUDE CLEDITH SEPTEMBER JOHNSON 90 7:50P 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIH. 1 🗌 M 2 💟 F 235-03-3552 MAY 3,1902 WEST VIRGINIA 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PHYSICIANS MEMORIAL HOSPIRAL PLATA CHARLES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND **CHARLES** WALDORF 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3166 KING COURT 20602 USA use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Chin kind of work done during most of working) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) for Elementary/Secondary (0-12) College (1-4 or 5+) 3RD GRADE HOUSE MOTHER MEDICAL detached once. 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Sumame) retained by the CLAUDIUS MONROE JOHNSON by the funeral director, page 5 should be removal. Ħ UNAVAILABLE BE notified 19e. INFORMANT'S NAME (Type/Print) 19h. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 CLAUDIUS JOHNSON 3166 KING COURT, WALDORF, MARYLAND 20602 after death. Page 6 may be 20a, METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must TRINITY MEMORIAL GARDENS 4 Donation 5 Other (Specify) WALDORF, MARYLAND 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC examiner BOX 156. WALDORF, MARYLAND or remova medical filled in by d the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, Approximata ahock, or heert feliure. List only one ca Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition and completely fi to burial, cremation resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician ar Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST 6 any injury. 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL signed by the PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate ! the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 WES 2 NO DOA 0 27. MANNER OF DEATH 20a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, With this Natural 5 Pending 1 YES 2 NO BY death After 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 80 e 🗌 Could not be COMPLETED DIRECTOR: hours after 28 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated (Check only one) FUNERAL within 72 I IMPORTANT: If 206 RE AND TITLE OF CERTIF

whia Davidson Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 13140,	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	ICDA: PROCETTO, After this series has been simple by the attending placinism and completely filled in the fi
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1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEI		90 2706
1. DECEDENT'S NAME (First, Middle, Last)	D				2. OATE OF DEATH MONTH	DAY	3. TIME OF OEATH
Mary Wilson 4. Social Security Number 217-54-5411	1 □ M 2X F	95 vas.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept. 1 7. DATE OF BIRTH (Month, Day, Year) 04-27-1	895	990 7:00 F a. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give in Hartley Hall Name in the Ha		177	-	moke c		110.00	rcester
16a. STATE 10b. COUNT	cester		OMOKE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 605 Market St	reet			ZIP CODE 21851		U.S	en of what country?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR OATES	If yes, spe		IC ORIGIN? (Specify Yo, Puarto Rican, etc.)	es or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor. life. Do NOT use i	k done during mo etired.)	N at of working	18b. KINO OF B	USINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
Edward F. Wil	son			Marg	aret Pet	ermar	n
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Wilson Duncar	1				Pocomo		
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE OF OISPOSIT other place) First Ba	aptist	Cemete	ry Po		ce, Md.
21. SIGNATURE OF FUNERAL SERVICE LI	Mulso-		MEESO		AL HOME	oke, N	Md.
23. PART I. Enter the diseases, pr shock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	List only one ceus	DIACAR			r an cordioc or res	prietory arre-	et, Approximate interval Betwe Onset and Dec
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSEQUENCE OF):					
PART II. Other algnificant condition	na contributing to d	eath but not resulting in	the underlying	g cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)		J
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA 4	THEA:	e 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF II (Month, Day	NJURY 28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCL	URED
1 Netural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE OF	INJURY — At home, farm, atn	M 1 🗆 '	rES 2 NO	28f. LOCATION (Street	t end Number o	or Rural Route Number,
4 Homicide determined	building, e	Ic. (Specify)			City or Town, Sta		
COMOCK ONLY		ny knowledge, death occurred mination end/or investigation,					d. ceuse(e) end menner ee stated
29b. SIGNATURE AND TITLE OF CERTIFIE	er Pl			29c. LICENSE NUI	ABER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	E OF DEATH (ITEM 27) (Type, P	rint)				,
31. DATE FILED (Month, Day, Year) SFP 1 7 '90	32. REGISTRAR	E , 30 =	3 / 0	7	, ocon		· 11 · 64 · 1 · 0 J

31. DATE FILED

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90 27066 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DONOVAN 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH September 990 movan ALEXANDER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F HOURS 221-07-0151 DELAWARE FEB.2, 1909 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Wicomico Peninsula General Hospital Salisbury DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 410e, STATE 10d, INSIDE CITY MARYLAND WICOMICO SHARPTOWN 1 YES 2 X NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FUNERAL CORPORATION ROAD 21861 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puarto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 3 LOGGER PULP WOOD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALEXANDER DONOVAN ELEANOR WRIGHT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANKLIN DONOVAN O. BOX 74, SHARPTOWN, MD 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or METHOD OF DISPOSITION
Burlel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State BLADES CEMETERY BLADES, DELAWARE 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUREBAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME Lance SHARPTOWN, MD 21861 23 PART Enter the diseases, or complicatione that couled the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Daeth IMMEDIATE CAUSE (Finel** disease or condition resulting in death) Ecuti DUE TO (OR AS A CONSEQUENCE, orman CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUE NOT OF If sny, lesding to Immadiate CAUSE. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONTRIOUENCE OF) that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF OEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF GEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigating, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE enero 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
	R
	SPITAL

	FOR 1 • STATE REGISTRAR	STATE OF MARYL		TMENT OF I			GIENE S	30	27067
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DI	EATH DAY		. TIME OF DEATH
	Blair	Willia	m DUN	KELBER	GER	Sept.	12, 19	90	11:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,	RTH Venc)	6. BIRTHPL Country)	ACE (State or Foreign
	168-26-2587	1 x M 2 □ F 59	YRS.	MONTHS DAYS	HOURS MIN.	May 10), 1931		ck, Pa.
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUN	TY OF DEAT	тн
RECTOR	Washington Count	y Hospital		Hay	gerstown		Wa	shing	ton
	10a. STATE 10b. COUNT		10c, CITY	, TOWN OR LOCA	TION			16	od. INSIDE CITY
悟	Maryland Wash	ington		Hagers	own			1	LIMITS?
	10e. STREET AND NUMBER	111,50011			I. ZIP CODE		10g. CITI	ZEN OF WHA	AT COUNTRY?
FUNERAL	Rt. 4 Box 263 Br	oadfording C	hurch Roa	ad	21740			U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN			14. RACE -	- American Indian, White, atc.
ВУБ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES		S 2 NO Specify		atta)	Specify:	
	15. DECEDENT'S EDU	ICATION .	16a. DECEDENT'S	Hellat Occupan	Z 1	Tank MINIS	OF BUSINESS/IND		hite
COMPLETED	(Specify only highest grade	completed)	(Give kind of vi	vork done during me e retired.)	ost of working	160. KIND	OF BUSINESS/IND	USINI	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Tool &	Cutter	Grinder	Tr	uck Mfg.		
S O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)		
	Raymond	Dunk	elberger		Mildr	ed	В	oyer	
) BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
2	Martha Dunkelbe	rger	Rt. 4	Box 26	3 Hager	stown,	Marylan	d 217	40
	20s. METHOD OF DISPOSITION 1 DYBurial 2 Cremation 3 Rem	novel from State	b. PLACE OF DISPOS other place)				20c. LOCATION —		n, Stata
	4 Donation 5 Other (Specify)	Hi	mmels Ch				Rebuck,	Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	//	22. NAME /	ND ADDRESS OF FA	CILITY Min:	nich Fun	eral	Home
	"Scattle 1	hmak						_	, Md. 21740
	23. PART I. Enter the diseeses, or ehock, or heert fellure.	complications that cause List only one cause on a		ot enter the m	ode of dying, suc	h es cerdiec d	or reepiratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel								Onset and Death
	disease or condition resulting in deeth)	. Acute Ante			Infarct	ion			8-10 hours
		DUE TO (OR AS A	A CONSEQUENCE OF	-):					
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQUENCE OF	j:			<u> </u>		
Ä	if any, leading to immediate cause. Enter UNDERLYING								
표	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE OF	ም :					
E	resulting in deeth) LAST	d							
	PART II. Other significent condition	ns contributing to death (but not resulting	in the underlyl	ng ceuse diven in	Part I 24a	WAS AN AUTOPSY	24b V	/ERE AUTOPSY FINDINGS
CAL	Train in outer significant condition		out not reculting	in the discorry	ig couse given in		PERFORMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI						— ¹□	YES 2 X NO	0	F DEATH?
						-		'	YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C)	neck only one)			
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	nationt 3 DOA	OTHER:	me 5 🗆 Rasidenca		noi6d		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. II	IJURY AT		E HOW INJURY OC	CURED	
	1 Natural 5 Pending Investigation	(Morith, Day, Year)	INJ		YES 2 NO				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR's building, atc. (Spe		street, factory, off	ica	261. LOCATION City or Tox	(Street and Number	or Rural Roc	ute Number,
里	4 Homicide determined	sanang, ata (ope	,,,,,			Oily or ion	VII. Glatte)		
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of my know	wiedga, death occurr	ed at the time, da	ta and place, and due	to the cause(a)	and manner as ste	ted.	
N N	anal .	ER: On the basis of axemination	on and/or investigation	on, in my opinion,	death occured at the	time, data and	place, and due to th	ne cause(a) (and manner as stated.
	296, SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)
BE	(due w	DiAcon	2		D01062				12, 1990
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)				-	
	Edward W. Ditto,	III, M.D., 2	17 West	Washing	ton Stree	et, Hag	erstown,	Mary	land 21740
	31. DATE EILED (Month, Den Per)	Setter Devide	HEIL BONDERS						
	1 3CL T > 30	KV							

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SE SENCELLY NAME (FOR Instance) give intered and numbers 4.00 Middleburg Rd. Union Bridge Carroll Sec. COTX, TOWN OR LOCATION [In Bridge Carroll Sec. STREET AND NUMBER 4.00 Middleburg Rd. 1.00 Middleburg Rd. 1
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BumentarySecondary (9-12) College (1-4 or 5 +) OWNET Construction company
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Lloyd C. Devilbiss, Sr. Ethel Marie Bankard
Lloyd C. Devilbiss, Sr. Ethel Marie Bankard
No. Vel. La Devil biss Laborator State Coperation State Laborator Laborato
Signature 2 Commercion 3 Remove from State 20b. PLACE OF Disposition (Name of cemetery, crematory or 10 20c. LOCATION — City or Town, State 10 Commercion 20c. Location — City or Town, State 10 Commercial 20b. PLACE OF DEATH (Check only one) 20c. Location — City or Town, State 10 Competent 20c. Location — City or Town, State 10 Competent 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 10 List only one cause of each line. 20c. Location — City or Town, State 20c. Location Multiple — City or Town, State 20c. Location Multiple — City or Town, State 20c. Location Multiple Multiple — City or Town, Street, Incorp. 20c. Location 20c. Lo
Approximate Cemetery Uniontown, MD
UnionBridge, MD 23. PART +: Enter the diseases, or complications that cause in each interval Between shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (finel disease or condition resulting in death) a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERPLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. NOUTHER: 1 Inputient 2 ER/Outpatient 3 DOA 4 Nurning Home 5 Residence 8 Other (Specify) 29. PLACE OF DEATH (Specify) 20. NOTHER: 1 Nurning Home 5 Residence 8 Other (Specify) 29. PLACE OF DEATH (Specify) 20. NOTHER: 1 Nurning Home 5 Residence 8 Other (Specify) 29. PLACE OF DEATH (Specify) 20. NOTHER: 1 Nurning Home 5 Residence 8 Other (Specify) 20. NOTHER: 1 YES 2 NO 20. NOTHER: 21. NOTHER: 22. NOTHER: 23. NOTHER: 24. WAS AN AUTOPSY SHINDING ANALARE
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DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that intileted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 246. WAS AN AUTOPSY PRIONICE ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 25. WAS AN AUTOPSY PRIONICE ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 26. WAS AN AUTOPSY PRIONICE ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH (Check only one) 1
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DUE TO (OR AS A CONSEQUENCE OF): DUE TO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
Personne Personne Personne M 1 YES 2 NO
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Personne Personne Personne M 1 YES 2 NO
3 Suicide 8 Could not be 266. PLACE OF INJUSTY — At nome, term, street, factory, office building set. (Specify).
4 Homicide determined
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 9/15/90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Wm. R. LINTHICUM, M.D. ONE KINGS DRIVE, TANEYTOWN, Md 21787 31. DATE FILEO (MONTH, Day, Your) SFP 1 8 90 Guille Davidson-Rondon
The state of the s

COURS de

	1	DECEDENT'S NAME (First	t, Middle, Last)		0.0				2. DAT	OF DEATN	NY .	YEAR 3	TIME OF DEATH		
		SOCIAL SECURITY NUMBER	BER	DICKERS 5. SEX		s. last birthday)	UNDER 1 YEAR	R IF UNDER 24 HRS.	301	OF BIRTH	19		ACE (State or Fore		
V	(374-09-05	501	1 M 2 K F	79		NTHS DAY			10, Day, Year)		Country)	VACK		
	9	a. FACILITY NAME (If not in	nstitution, give	street and number)		9b	CITY, TOW	N OR LOCATION OF	DEATH	100/11	9c. COU	TY OF DEA	TN		
CTOR	^ -											Count			
. BEL	-	RESIDENCE OF DEC	10b. COUNT	TY		10c. CITY, TO	OWN OR LO	CATION				10	Od. INSIDE CITY		
DIR		Maryland	E	Baltimore		Re	ister	stown				-	LIMITS?		
AL	10	06. STREET AND NUMBER						101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?		
ZER.	L		hestnu	t Hill Ln				211	36			USA	<u> </u>		
FUN	M.	I. MARITAL STATUS Never Married 2	Married	12. WAS DECEOENT FORCES? 1			13, WAS C	SECENDENT OF NISP specify Cuban, Maxi	ANIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE - Black, \	- American India: White, etc.		
BY	13	Wildowed 4 Divo		IF YES, GIVE WA	R OR DATES			ES 2 NO Spec				Specify:	nite		
G		15. DEC	CEDENT'S EDU	UCATION	18a	DECEOENT'S USU			16	b. KIND OF BUS	SINESS/IND				
1	1	Elementary/Secondary (-	College (1-4 or 5+)		(Give kind of work life. Do NOT use re	tired.)	most of working							
COMPL	L	12				Bookke	eper								
	17	7. FATHER'S NAME (First, N		teels				18. MOTHER'S N			,				
R	10	Charle		геете	eele L: 19b. MAILING ADDRESS (Street and Number or Rural Roc						illian Ludlow				
유	-	Sue Ann Sc						tnut Hil			sterstown, Md. 21				
	-	Ga. METHOD OF DISPOSIT			20b. PL/	ACE OF DISPOSITION		cemetery, crematory o		20c. LOCATION — City or Town, State					
	4	☐ Burlel 2 X Crematic ☐ Donation 8 ☐ Other	on 3 ∐ Ren r(Specify)	novel from State	othe	Carrol	1 Cre	mation		Hampstead, Md.					
	21	1. SIGNATURE OF FUNERA		22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown R											
1	9.	Jams	~ / /	Eline Funeral Home Reisterstown, Md.2113											
	i d	23. PART I. Enter the d shock, or h MMEDIATE CAUSE (Fi	neart fellure.	complications that	e on aech	line.							Approxime Interval Be		
	of the second se	MMEDIATE CAUSE (Find shock, or home suiting in deeth) Sequentisily list condit f sny, leading to immediate. Enter UNDERLY CAUSE (Disease or injuried that initiated events	tions, edists	e. DUE TO (CLCOOR AS A CON	e death. Do not line. NSEQUENCE OF): NSEQUENCE OF):							Md . 211: Approxime interval Be Onset and		
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	1 - STATE REGISTRAR			FICATE			MENTAL HYGIEN REG. NO		90 27	0		
	1. DECEDENT'S NAME (First, Middle, Last	T.		DONX	- / - (ON	SEPT	16 1	3. TIME OF 0	P		
	4. SOCIAL SECURITY NUMBER 577 22 0637 A	1 🗆 M 2 💢	92 YRS.	MONTHS	DAYS HO	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Teb. 4 1	898 W	BIRTHPLACE (State of Country) ashingte	r Foreigr		
TOR	90. FACILITY NAME (If not institution, give Greenbelt Nur RESIDENCE OF DECEDENT		er			1t, M			ce Geor	zes		
DIRECTOR	10e. STATE 10b. COUN	nce George		TY, TOWN OR					10d. INSIDE (LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 6605 Chestnut	Avenue			1010	706		U.S	IZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 10	14		Cuben, Mexice	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No—	14. RACE — American Indian, Black, While, atc. Specify: White			
APLETED	15, DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)		16a. DECEDENT (Give kind of life. Do NOT Seams	f work done du use retired.)	CUPATION uring most of	working	16b. KIND OF BU Seam	stres				
BE COMPL	17. FATHER'S NAME (First, Middle, Leat) William Cook 18. MOTHER'S NAME (First, Middle, Melden Sumarne) Molly Anderson											
10	190. INFORMANT'S NAME (Type/Print) Mary E. Campbe		6605	Ches	tnut	Aven	Route Number, City or Row ue, Lanh			06		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Re 2 Donellon 5/ Other (Specify)	moval from State	206. PLACE OF DISP other place) Rock Cr	eek C	ek Cemetery Washington,							
	21. SUCHATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME, INC. 254 Carroll St. N.W. Washing											
CERTIFICATION	23. PĀRT I. Enter the disèases, or shock, or heart failure immediate (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SEA DUE TO (OR A DUE TO (OR A C.		0F): <u>ВСС</u> ОГ):					tt, Appro	i Bet		
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COMPLE	one)	SICIAN: To the best of my kr								oe ste		
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	K Sut	her 1	13	29	C. LICENSE NU	MBER 574	≥ Se	SIGNED (Month, Day, 1)	90		
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	SEP 19 '91	32. REGISTRAR'S S	Javidson-Ras	delle								

31. DATE FILED (Morith, Day, Year) SEP 17 90

		FOR STATE REGISTRAR	S	TATE OF M	IARYLA	ND / D	DEPART RTIFIC	MENT	OF H	EALTH AI	ND ME		HYGIENI REG. NO.	90	2	7071	
		1. DECEDENT'S NAME (First, Margaret		Matilda Dob					obb	s	2.	2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH VEAR 1. TIME OF DEATH VEAR VEAR 1. TIME OF DEATH VEAR VEAR VEAR VEAR VEAR VEAR VEAR VEAR					
(P)		4. SOCIAL SECURITY NUMBER 236-60-4281		M 2XXF		n yrs. lest b		IF UNDER 1	YEAR DAYS	IF UNDER 24 I	HRS. 7.	DATE OF (Month, D	BIRTH lay, Ybar) 17,	1904	BIRTHPLAC Country) Vest	CE (State or Foreign Virginia	
3 should	E.	Shady Grove	tution, give street a	1. 1 (1	OSPI	Hal	,	96. CITY, 1		R LOCATION CKVILI	OF DEATH	_		oc. COUNTY OF DEATH Montgomery			
s 1, 2,	S	RESIDENCE OF DECE	DENT	1.31	1		10c, CITY,	TOWN OR	LOCAT	ION				1 - 10/11	0	INSIDE CITY	
it. Page	DIRECTOR	West Virginia	Ohio					heel							X	LIMITS?	
ısit perm	FUNERAL	100. STREET AND NUMBER 113 Paxton	Avenue						101	26003	3			10g. CITIZE	COUNTRY?		
ing physician. the burial-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Married 2 M XX Widowed 4 Divorce	arried	12. WAS DECEDENT EVER IN U.S. ABMEO FORCES? 1 YES 24-100 If yes, s IF YES, GIVE WAR OR DATES 1. YES						ENDENT OF Health Cuben, R	HISPANIC (Maxican, P Specify:	ORIGIN? (uarto Rici	or No — 14	14. RACE — American Indian, Black, White, etc. Specify: White			
tal or attending for use as the	LETED		DENT'S EDUCATIOnighest grade comp	College (1-4 or 5 +)			ECCOENT'S USUAL OCCUPATION Sive kind of work done during most of work to NOT use retired.) Teacher							iness/indus	c Schools		
by the hospital be detached fo at once.	COMPL	17. FATHER'S NAME (First, Mick Peter	dle, Last)	-	l		ederi			18. MOTHER	r's NAME ((First, Mid				ttit	
retained by 5 should be notified at	TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street									Rural Rout	e Number,			ode)	850	
		Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Street, Rockville, Maryland 20850 Alfred C. Dobbs, Jr. 747 Owens Stre															
death. Pag funeral dir examiner		22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home Rockville, Inc., 300 West Montgomery Avenue, Rockville, Maryland 20850-2805															
filled in by on, or rem		23. PART I. Enter the diseases, or complications that crused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a															
and com burial,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING															
he death certificate be the attending physician Mental Hygiene prior to njury, or other traun	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO-	on as a	CONSEOL	UENCE OF)	:									
requires that the been signed by the following the shows any is	MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIVATE AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO												MILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
N: The law ficate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	H	QSPJTAL:				OTHER		LACE OF OEA	TH (Check	only one)			1		
CIA!	IYSI	1 YES 2 NO	1 8	Inputlant 2	☐ ER/Outpatient 3 ☐ DOA									H HIBY OCCI	DED		
	BY PH	Y Natural 5 P	ending restigation	(Month, Day, Year) INJURY					1 🗌	YES 2 I		28d. DEŞCRIBE HOW INJURY OCCURED					
TTENDI TOR: A after d			could not be stermined	26a. PLACE O building,	etc. (Spec		ne, farm, st	reet, facto	ry, offic	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
AL DIR AL DIR 72 hour	COMPLETED	TOTAL OTHY	FYINO PHYSICIAN													d manner as stated.	
TO THE HOSPIT TO THE FUNER be filed within IMPORTANT:	O BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	May MAR						29c. LICENSE NUMBER D14545 29d. DATE					BIONED (Month, Day, Year)		
	-	M						-									

32. REGISTRAR'S SIGNATURE
Julia Davidon Randale.

1/5// 08

			1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY YEAR 3. TIME OF DI												EATH			
			DAVID ARTHUR DAVIS SEPTEMBER 17, 1990											9:15	AM			
1			4. SOCIAL SECURITY NUMBER	5. SEX 6	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF (Month,	6.	6. BIRTHPLACE (State or Foreign Country)					
	DY	1	212014390	1 🔀 M 2 🗌 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	3/8				LAND			
1	P P P		9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATI	ION OF DE		705	9c. COUNTY					
	25	E E	SACRED HEART HO	SPITAL			CU	MBER	RLANI	D. MA	RYLAN	TD	ALI	EGA	NY			
	1. 2,	стов	RESIDENCE OF DECEDENT															
	ages	RE	MARYLAND ALLI	EGANY			Y, TOWN C							- 1	LIMITS?			
	permit. Pages	ā		LGANI		I I	(051								YES 2			
		FUNERAL	10e. STREET AND NUMBER					10f	. ZIP COD	E			10g. CITIZEN	. CITIZEN OF WHAT COUNTRY?				
	physician. burlal-transit	ij	34 N WATER	STREET					215	532			U.S.	Α. '				
10	/sicia	5		12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO					IIC ORIGIN?	(Specify Yee	or No 14.	RACE - Black, V	- American in White, etc.	odlen,		
146	e bu	ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAT	IF YES, GIVE WAR OR DATES					Specify		,,	1	Specify:				
21203-3146	attending physician. se as the burlal-tran			1							T			BLACK				
200	_ =	ЕТЕР	15. DECEDENT'S ED (Specify only highest grad	de completed)	ompleted) (Give kind o					ing	166. 1	CIND OF BUS	INESS/INDUST	IDUSTRY				
21	E 2		Elementary/Secondery (0-12)	College (1-4 or 5+)				Do NOT use retired.) HANIC/TECHNICIA			l G	ARAGI	er e					
9	the hospital detached fo	COMP	6		FIECIA			1011										
A	the hor detach	8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA		ddle, Maiden	Surname)					
7	rtained by the hospit should be detached tiffied at once.	BE		A DAVIS	1			_		1MA	?							
MARYLAND	5 should notified	5	19e. INFORMANT'S NAME (Type/Print)										n, State, Zip Co	,				
Σ	page 5		DANTEL RALL								BEKL	_	MD 2					
H	e 6 may ector, pa must b		204 WETHOD OF DISPOSITION 1/ Surial 2 Cremation 3 Re	moval from State	20b. PLACE other p	OF DISPO	SITION (No	me of cer	netery, cre-	matory or		20c. LO	CATION — City	or Town	, State			
0			4 Donation 5 Other (Specify)	RG M	MEMORIAL PARK FROSTBURG, MD													
BALTIMORE	death. Page 6 m inneral director, 1. examiner musi		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME 60 W. MAIN ST												ST.			
AL			FROSTBURG, MD 21532													2		
_	after of the smoval.		23. PART I. Enter tha disasses, or complications that caused the death. Do not sntar the mode of dying, such as cardisc or respiratory screet, Approximate															
	E E		shock, or heart failure. List only one cause on each line.											Between				
	the the		IMMEDIATE CAUSE (Finel disessa or condition	C	DUE TO (OR AS A CONSEQUENCE OF):										Olisot t	ind Double		
	ompletely fille i. cremation, event, the		resulting in death)	a. DUE TO (C	OR AS A CONSI	EQUENCE C)F):											
13146	2 2 4 6	_				7.	T	2	are	-2-					İ			
13	e be elecut sician and o prior to buria traumatic	ERTIFICATION	Sequentially list conditions,	b. DUE TO (C	OR AS A CONSI	EGUENCE C	OF):	0-1							+			
	ician ior t	AT	If sny, laading to immediate cause. Entar UNDERLYING															
BOX		[윤]	CAUSE (Disease or Injury thet initiated events	C. DUE TO (C	OR AS A CONSI	EGUENCE C	P):								+			
o	eath certifical attending phy stal Hygiene I y, or other	E	reaulting in daeth) LAST	-											!			
σ.		핑		d											+			
	The the	귤	PART II. Other significant condition	-						given in	Pert I.	24a. WAS AN PERFOR			VERE AUTOPS			
ECORDS	that the and the and land	EDICAL	A3 (112	dotion	enon	a .						1 TES 2	NO NO	C	OMPLETION OF DEATH?			
Ö	requires the een signed of Health shows am	ME	Dely	dotion											☐ YES 2 [□ NO		
Œ	been of sh		com	am fite	_	Jen-	~				_							
VITAL	SICIAN: The law requerificate has been the State Dept. of the Nater 23 should be on them 23 should be on them 23 should be on the or th	X	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)															
1	ficate Stat	Sic	EXAMINER? 1 YES 2 W NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing Home 6 Residence 6 Other (Specify)											
L	PHYSICIAN: The this certificate his with the State Caked, or Item	PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF INJURY 26b. TIME OF 26c. INJURY AT						28d. DESCRIBE HOW INJURY OCCURED							
	MG PHYSI frer this cleath with marked,		1 Netural 6 Pending Investigation	(Month, Day	y, rever)	"	JURY M		YES 2	□ NO								
O	0 A D	ВУ	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF	28e. PLACE OF INJURY — At home, farm, streat, factory, office						261. LOCATION (Street and Number or Rural Route Number,							
S	ATTENDING ECTOR: After s after death 1 28 is ma	밀	4 Homicide determined	oullding, a	tc. (Specify)						City o	r Town, State)						
	DIRECTOR: hours after them 28 is	ш	29e. CERTIFIER	(CICIANI To the best of	me komunicator	lanth		des de	and alc		to the er	-(a) as d =						
	로 보는 표	MP	(Check only	SICIAN: To the best of n NER: On the basis of ex											and menner	hatete ee		
	TO THE HOSPITAL TO THE FUNERAL Be filed within 72 I IMPORTANT: If I	COMPLET			enore	. arventight	or, at my	opinion, (-2000		riu piace, er				(Bernselm)		
	THE FI	BE	29b. SIGNATURE AND TITLE OF CERTIF	IER						CENSE NU					Month, Day, Ye	ear)		
	5 5 3 M	0	Jun	MIN					,7	ובנ	24	4	191	187	50			

DR. JESUS TAN, M.D., FROSTBURG PLAZA, FROSTBURG, MARYLAND 21532

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

31. SEP 21 1990

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John Davidson- MANATHRE

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27072

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CE	RTIFIC	ATE O	F DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Olema	Data		D		2. DATE OF D	DAY	YEAR	3. TIME OF OEATH
3			Patr:				Sept			12:00 p ™
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		ONTHS DAY		7. DATE OF B (Month, Day	, Year)	Countr	
7 - 1	577-38-8150	577-38-8150 1 M 2X F 64 YRS. 9e. FACILITY NAME (if not institution, give street and number)				09/14/26 Phila. PA				
+					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	at her home				Chester Oueen Anne's				Anne's	
	10e. STATE 10b. COUNT	γ		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
¥	Maryland Que		Ch	ester				LIMITS?		
	100. STREET AND NUMBER	en Anne'	5		CIII	101. ZIP CODE		10g.	CITIZEN OF W	WHAT COUNTRY?
FUNERAL	760P Pilot Co	urt Co	ctlo N	(arin	_	21619			U.S	λ
Ž	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. WAS 0	ECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No		E — American Indien, c, White, etc.
Ī	1 Never Merried 2 X Merried	FORCES? 1		0		specify Cuben, Mexico		, etc.)	Speci	W. W. C.
В	3 Widowed 4 Divorced									white
	15. DECEOENT'S EDU (Specify only highest grade				SUAL OCCUP	ATION most of working	16b. KIN	D OF BUSINESS	NOUSTRY	
W	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	•				
MP	10		5	Secre	tary			.S. Co		Guard
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA				
BE	(unknown) O'	Brien						h Leha		
2	19e. INFORMANT'S NAME (Type/Print)		-			et end Number or Rural				
_	Victor B. Don	ovan				t Court,		ter, N	1D 2	1619
	20s. METHOD OF DISPOSITION [14] Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other pla	ice)		cemetery, cramatory or Cemeter		Steve	N — City or To	wn, State QA Co.
	21. SIGNATURE OF PUNERAL SERVICE LI	CRASER	2	O.L.D.	22. NAMI	AND ADDRESS OF F	CILITY	. 7 14 6		1000
	* Thomas K.S	Hellenle	in			m Helfen 6 Shamro				mes, PA MD 21619
	23. PART i. Enter the diseases, or									Approximata
	ahock, or haart failure. iMMEDIATE CAUSE (Final					1 11	1			intarval Between Onset and Daath
	disease or condition resulting in death)	· Cor	1 Oli B	7	AR	My Mu	NA			
	reauting in death)	DUE TO (O	R AS A CONSEC	UENCE OF):						
Z		b								
	Sequentially list conditions, if any, leading to immediate	OUE TO (O	R AS A CONSEC	UENCE OF):						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Diseasa or injury	C	D 40 4 000000	WIENGE OF						
Ë	that initiated eventa resulting in death) LAST	085 10 (0	R AS A CONSEC	DUENCE OF):						j
		d								-
	PART II. Other aignificant condition	na contributing to de	eath but not r	eaulting in	tha undarl	ying cauaa givan is	Part I. 24	PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Muonta	1111						YES 2 A		COMPLETION OF CAUSE OF GEATH?
	Claric	065buc	lin	Pul	mi	DISAR	10			1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					. PLACE OF OEATH (C	heck only one)			
<u>S</u>	EXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 Meeldence	6 Other (Sp	ecify)		
Ť	27. MANNER OF OEATH	28e. DATE OF IN (Month, Day,	IJURY Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. OESCRI	BE HOW INJURY	Y OCCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At ho	me, farm, str	eet, factory,	office		N (Street and Nu wn, Stale)	imber or Rural	Route Number,
COMPLETED	4 Homicide determined									
7	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, de	ath occurred	at the time,	date end place, end du	e to the ceuse(e	end menner e	e stated.	
N O	ana)	ER: On the beele of exa	mination end/or	Investigation	, in my opinio	n, death occured at th	e time, date and	place, end due	to the ceuse(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	ER		-		29c. LICENSE NU	JMBER	29d	. DATE SIGNED	O (Month, Day, Year)
8	Myn (XG	mm	N			DAX	314	/ ▶	9/13	81010
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, I	Print)	1,00			111	
	Dr. George	Samaras	20)5 Ri	dael	y Ave.,	Annan	olie	MD	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR		- 211	~70=			01	6 3 60	
	SEP 21 '90	2.0. K	in the To							
-		711111	14:5301 /Y	March Co.						DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REC	G. NO.	- 0	-1011
1			DDS			2. DATE OF DE August	25, 1	990	245 Q M
	4. SOCIAL SECURITY NUMBER 212 - 03 - 1287	1 📉 M 2 🗌 F	79 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day, Dec. IS), 1910	Mary:	
TOR	9e. FACILITY NAME (If not institution, give street and number) 204 South Liberty Street RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Centreville Queen A								
DIRECTOR	10s. STATE 10b. COUNTY	Anne's		y, town or Local entrevil					od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	P.O. Box 121, 408	South Lib	erty Stree		21617			ted S	tates
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR (YES 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexican 2 NO Specify	n, Puerto Rican, e		14. RACE — Black, W Specify: Whit	Americen Indian, Vhite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) General Contractor Building					
BE COM	17. FATHER'S NAME (First, Middle, Last) James Allison	Dadds			18. MOTHER'S NAI		Meiden Surname) abeth P	inder	
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Mary L. Dadd	Wife s			and Number or Rural F 408 S. Li				21617 le, MD
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 8		20b. PLACE OF DISPO other place) Chesterfi			:	centr	eville	
	21. SIGNATURE OF FUNERAL SERVICE LICE James	Barton,	Jr.	Ва	nd address of faction Funds 10. Box 2	eral Ho		e, MD	21617
	23. PART I. Enter the diseases, or c shock, or heart failure. I			not anter the me	ode of dying, suci	h as cardiac o	r reapiratory arr	rest,	Approximate Interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	IIDUE TO (OR	AS A CONSEQUENCE OF	OF):	lun	f.			6 mos
TION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
DICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE C) () () () () () () () () () (D				3473,
AL CE	PART II. Other eignificant condition	a contributing to date	ath but not reaulting	in the underlyin	g cause givan in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO
						_ 10	YES 3 NO	D	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
YSIC	1 TES 2 NO	HOSPITAL:			ne 5 Residence				
ВУ РН	27. MANNER OF DEATH Netural 5 Pending	28e. OATE OF INJ (Month, Day,)	(bar) IN	M 1	JURY AT ORK? YES 2 NO		E HOW INJURY OC		
	3 Suicide a Could not be 4 Homicide determined	25e. PLACE OF IN building, atc.	JURY — At home, ferm, (Specify)	street, factory, offi	DE	28f. LOCATION City or Town	(Street and Number n, State)	r or Rural Rou	te Number,
COMPLETED	(Critical Critis)	CIAN: To the best of my R: On the basis of exam							ind menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIEF	Ames	x fr	m	29c. LICENSE NUI	S45		TE SIGNED (M	Aonth, Day, Year) 7 - 9 O
5	30. NAME AND ACCRESS OF PERSON WHO	., M.D.,	Centrevil1	le, Mary	land 216	17			
	31. DATE FILED (Month, Day, Year) AUG 2 8 90	32. REGISTRAR'S Julia Dau	SIGNATURE	2					

DHMH-18 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC		HEALTH AND	MENTAL HYGII REG. I		21010
1. ORCEDENT'S NAME (First, Molyne L	Prake.			·	2. DATE OF OEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 116-16-9679			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 4-19-2	1(Orwich, IIY
Ereater Laurel Residence of Deceden	Paltsville Ho		Laure	OR LOCATION OF O	EATH	9c. COUNTY	of DEATH
10a. STATE 10b. CO		1.5	age	ATION	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 8857 Howard H	ills			01. ZIP CODE 20763		10g. CITIZEN USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XX	12. WAS DECEDENT, EYER I FORCES? 1 A X YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DI	CENDENT OF HISPA specify Cyben, Mexic S 2 A AO Speci	NIC ORIGIN? (Specify en, Puerlo Rican, etc.) ly:	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S (Specify only highest ; Elementery/Secondary (0-12) UNKNOWN		16a. OECEDENT'S US (Give kind of wo life. Do NOT use BUS Driv	rk done during r retired.)		=======================================	BUSINESS/INDUST	
17. FATHER'S NAME (First, Middle, Last Earnest C. Dra	0				ine A. Ry	den Surname)	
190. INFORMANT'S NAME (Type/Print) Carol Crawford		8857 H	loward	Hills Sav	Route Number, City or Vage, 14d	20753	de)
20e. METHOD OF OISPOSITION 1		other (30) 1 1 1				Y La	or Town State Urel, FD
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	lan		Sandy Spi			Home, Inc.
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. C C C C DUE TO (OR AS	A CONSEQUENCE OF:	017 -	failwe			intarval Between Onset and Dasth
Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF:	Y+7)	150911	Siveoc	- / - /	
PART II. Other algnificent cond	itions contributing to death	but not resulting in	the underly	ing ceuse given li	PER	S AN AUTOPSY REORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF OEATH (C	theck only one)		
27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, 1	NJURY AT WORK? NS 2 NO		OW INJURY OCCUR	ED
2 Accident Investiga 3 Suicide 6 Could not 4 Homicide determin	28e. PLACE OF INJUR building, atc. (So	Y — At home, farm, stractly)	reet, factory, of	flce	26f. LOCATION (Str. City or Town, S	reet and Number or State)	Rural Route Number,
CORBON OFRY	PHYSICIAN: To the best of my know						
29b. SIGNATURE AND TITLE OF CER	TIFIER DALCAS AND	real	- 19	29c. LICENSE NI	JMBER 2695081	29d. DATE S	IGNEO (Month, Day, Year)
30. NAME AND ACCINESS OF TERSO	N WHO COMPLETED CAUSE OF O	EATH (ITEM 27) TYPE, I		wie los	14201	Louber	18 x 9 2007
31. DOLE DITES (MANUAL MANUAL)	32. REQUETRAR'S SIG	PLATURE, AG		256002	H A 1 C A		80 of 160

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be sted within 72 hours after death with the State Dent, of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Page .	ral dir	Iner
death	fune.	exam
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tificate	phys ene p	ther
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hat th	and a	ny In
ires t	signed	WS 3
v requ	been	sho
he lav	has hen	E 23
IAN: T	tificate Stat	or ite
HYSIC	nis cer	ed,
NG PI	oath v	шал
TEND	TOR: A	80
OR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 20 hours after death with the State Dent of Health and Mental Hydiens prior to burial, cremation, or removal.	em 2
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HOSP	FUNE	TANT
THE	Sled	POR
5	21	3

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	CERTIFIC			REG. NO.	E	90 27078
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Ybar) 02-27-191	9 9	3. TIME OF DEATH P 1. 20 M MHTHPLACE (State or Foreign country) ash. DC
TOR	9a. FACILITY NAME (If not institution, give street Leland Memorial H RESIDENCE OF DECEDENT			city, town o	LOCATION OF DE		9c. COUNTY	
AL DIRECTOR	Maryland Princ 10e. STREET AND NUMBER	e George's		105.	ZIP COOE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1XXYES 2 NO OF WHAT COUNTRY?
BY FUNERAL	4523 37th Street 11. MARHTAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X X 0	13. WAS OECE If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No— 14.	d States BACE — American Indian, Black, White, etc. Specify: aucasian
COMPLETED	8th -		16a. DECEDENT'S USB (Give kind of work IMa. Do NOT use re Seamstre	done during mos tired.)	I of working		Slipco	RY
TO BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel Benjamin R 19a. INFORMANT'S NAME (Type/Print)	eidy			Susan	ME (First, Middle, Maiden Carroll Route Number, City or Tow	n, State, Zip Coo	
T	Beverly Breen 20a_METHOD OF DISPOSITION 1 XBurlai 2 Commution 3 Famous 4 Donation 5 Table (Specify) 21. SIGNATURE OF UNERAL PERVICE LEE	0	3608 W PLACE OF DISPOSITION other place) 't. lincol	n Ceme	etery, cremetory or		cation – city	or Town, State , Maryland
	23. PART I. Error the diseases, or consider, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	et only one cause on ea	BRAL	4739	Balt. Av	enue, Hyat	tsvill ratory arrest	e, Md. 20781
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CA LD (ALI	MEAL	LA TIB	8	
ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST		CONSEQUENCE OF):		151616			
W. MEDICAL CERTIFICATION	CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):				RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
4	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A contributing to deeth but to	consequence of):	he underlying 28. PL THER: □ Nursing Hom	cause given in ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contribution of the contributi	other 3 DOA 4	28. PL THER: Nursing Hom Y M 1 1 Y	Cause given in ACE OF DEATH (Ch 5	Part I. 24a. WAS AN PERFOI	NJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY OF THE PROPERTY OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Contribution) of the best of my knowledge.	thent 3 DOA 4 28b. TIME 0 INJUR At home, farm, streety)	28. PL THER: Nursing Hom F Y M 1 V W at, factory, office	Cause given in ACE OF DEATH (Ch. 5	Pert I. 24a. WAS AN PERFOIL 1 YES 2 ack only one) 6 Other (Specify) 28d. OESCRIBE HOW 1 28f. LOCATION (Street City or Rown, State) to the cause(s) and ma	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONTRIBUTION OF THE DESIGN O	at not resulting in to the street of the str	28. PL THER: Nursing Hom F Y M 1 V 90 1 V 1 v et, factory, office	Cause given in ACE OF DEATH (Ch. 5	Part I. 24a. WAS AN PERFO! 1 YES 2 sck only one) 6 Other (Specify) 28d. OESCRIBE HOW ! 28f. LOCATION (Street City or fown, State, to the cause(a) and ma	NJURY OCCUR and Number or H	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he law requires t	e has been signer te Dept, of Health	m 23 shows a
THE HOSPITAL OR ATTENDING PHYSICIAN: TI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or iter

	1 - FOR STATE REGISTRAR		STATE OF I				-	DEATH	MENTA	REG. NO	_	9	27077
	1. DECEDENT'S NAME (First,	Middle, Lest)							2. DAT	E OF DEATH			3. TIME OF DEATH
	COLEMAN	HENR	Y DAMER	ON. JR.					M2)	TH D.	AY /	90	1555pm
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la					7. DATE OF BIRTH 8.		8. BIRTH	HPLACE (State or Foreign	
	518-22-61	6601	/ 1 1 M 2 □ F /			MONTHS	DAYS	HOURS MIN.	A	14 25	-	Wash	ington, DC
	9s. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN C	OR LOCATION OF D			9c. COUN		
DIRECTOR	WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT					TAK	cont	PARK	-		Montgomery		
Ä	10e. STATE	10b. COUNTY	′		10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY LIMITS?
	Maryland	Mont	gomery			Ta	koma	a Park					1 X YES 2 □ NO
AL.	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITIZ	ZEN OF	WHAT COUNTRY?
FUNERAL	7051 Carro	11 Ave	nue, Uni	t# 1114				20912			U.S	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. A	RMED			ENDENT OF HISPAI			a or No-	14. RACI	E American Indien, k, White, etc.
BY F	1 Never Merried 2 3 Divor		IF YES, GIVE Y	MAR OR DATES				2 X NO Specif		, mosn, em,		Spec	ifty:
			WWII & K										White
COMPLETED	(Specify only	EDENT'S EDU highest grade	cation completed)	(ECEDENT'S Give kind of e. Do NOT u	work done i		ON ast of working	16	b. KIND OF BU	SINESS/INO	USTRY	
٦	Elementary/Secondary (0	-12)	College (1-4 or 5	+)			7			0			
M	12th	1-1-#- 1 A	0	PI	umber	s He	Iper				onstr	ucti	on
	17. FATHER'S NAME (First, Mi			l				18. MOTHER'S NA			Sumeme)		
BE	Coleman He		meron, S	Y			. (0.	Ruth					
2		1	1.	- 1				and Number or Rural					
	Margaret D		iek				-	L Avenue	, Be				
	1 Warriet 2 Constation	of Milliam	orgi from States	ither p	olace)			metery, cremetory or			OCATION —	•	
	4 Donation 5 Other	sappon	H/I/I	/ Mary	land			ets. Ceme		y Ch	elten!	ham,	Maryland
	21. SIGNATURE OF TUNESPA	V /	775	1/				cis Gascl		Sons Fi	inera	1 Ho	me PA
	1/ m	CX	1/ H8	tisa	~								e, MD 20781
	23. PART I. Enter the di				eeth. Do								
	The second second	aart fallure.				IIDt airtai	the mo	de of dying, suc	on aa ca	raiac or resp	iretory sm	eat,	Approximate
		and i		use on each lin						rdiac or resp	oiretory sm	eat,	interval Between Onset and Death
	iMMEDIATE CAUSE (Fin	nai								rdiac br resp	iretory sm	eat,	interval Between
		nai ->		FEP	7)		5	t) o ('	K				interval Between
7	disease proposition	+		FEP	7)		5	t) o ('	K				interval Between
NOI	disease proposition resulting in death) Sequentielly list condition	lons,	s. DUE TO	OF AS A CONSI	EOUENCE C	DF):	S	to c	K	JUINE	ICE	~1	interval Between Onset and Death
CATION	disease proposition resulting in death) Sequentielly list condition if eny, leading to immecause. Enter UNDERLYI	dons, diete	s. DUE TO	OF AS A CONSI	EOUENCE C	DF):	S	to c	K	JUINE	ICE	~1	interval Between Onset and Death
IFICATION	disease pricondition resulting in death) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events	lons, diete iNG	b. DUE TO	OF AS A CONSI	EOUENCE C	DF):	S	t) o ('	K	JUINE	ICE	~1	interval Between Onset and Death
ERTIFICATION	disease pricondition resulting in death) Sequentielly list conditi if eny, leading to immecause. Enter UNDERLYI CAUSE (Disease or inju	lons, diete iNG	b. DUE TO	FEP O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EOUENCE C	DF):	S	to c	K	JUINE	ICE	~1	interval Between Onset and Death
. CERTIFICATION	Sequentielly list condition resulting in desth) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS	lons, dilete NG lry	b. DUE TO	O (OR AS A CONSI	EOUENCE C	DEFI:	PAC	By fore of	K Eth	ar c	1CE ZAGI	2. v.	Interval Between Onset and Death
ابا	disease pricondition resulting in death) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events	lons, dilete NG lry	b. DUE TO	O (OR AS A CONSI	EOUENCE C	DEFI:	PAC	By fore of	K Eth	ar c	1CE 2AF	2. v.	Interval Between Onset and Death Dea
ابا	Sequentielly list condition resulting in desth) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS	lons, dilete NG lry	b. DUE TO	O (OR AS A CONSI	EOUENCE C	DEFI:	PAC	By fore of	K Eth	11 VE	1 C E	2. v.	Interval Between Onset and Death
MEDICAL	Sequentielly list condition resulting in desth) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS	lons, dilete NG lry	b. DUE TO	O (OR AS A CONSI	EOUENCE C	DEFI:	PAC	By fore of	K Eth	24e. WAS AN	1 C E	2. v.	Interval Between Onset and Death Dea
MEDICAL	Sequentielly list condition resulting in death) Sequentielly list condition in the cause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS PART ii. Other significations	lons, diete NG III III III III III III III III III	B. DUE TO	O (OR AS A CONSI	EOUENCE C	DEFI:	P A C A C A C A C A C A C A C A C A C A	g ceuse given in	Part I.	24a. WAS AN PERFO	1 C E	2. v.	interval Between Onset and Death Dea
MEDICAL	Sequentielly list condition resulting in desth) Sequentielly list condition if eny, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS	lons, diete NG III III III III III III III III III	B. DUE TO	O (OR AS A CONSI	EOUENCE C	In the ur	S A C	g ceuse given in	Part I.	24a. WAS AN PERFO	1 C E	2. v.	interval Between Onset and Death Dea
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other significations. Cause Cause in the cause of the	lons, diete NG III III III III III III III III III	b. DUE TO c. DUE TO d. DUE TO HOSPITAL: 1 Nampatient 2	O (OR AS A CONSI	EOUENCE C	OTHEI	PAC According to the second s	g ceuae given in	F P A	24a. WAS AN PERFO	A A F	~ J	interval Between Onset and Death Dea
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E 9	0 27078
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
		RDON	DILLEY			09/09/9	0	9.00 P.M. M
	The second secon	A STATE OF THE PARTY OF THE PAR	MO	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	6. (BIRTHPLACE (State or Foreign Country)
	311 32 1213	¹\\ M 2 □ F 65	YRS.			09/06/25		pshur, W. VA
œ	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE	EATH	9c. COUNTY	
DIRECTOR	PRINCE GEORGES HOS	SPITAL CENTE	R [CI	HEVERLY			IPRINC	E GEORGE
REC	10a. STATE 10b. COUNTY	_	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Prince	e George's	В	ladens!	ourg		Language	1 X YES 2 NO
RAI	5999 Emerson Stree	o.t		107.	20710			OF WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yes	U . S	RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO		cify Cuban, Maxica	n, Puerto Rican, etc.)		Black, White, atc.
) BY	3 XWidowed 4 Divorced							White
	15. OECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(Give kind of work the. Do NOT use re	done during mo:	on st of working	18b. KIND OF BU	SINESS/INDUST	TRY
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechanic			Air C	onditi	oning
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	Oden B. Dilley				Jessi	e S. Spike	r	
TO 8	19a. INFORMANT'S NAME (Type (1991)					Route Number, City or Tow		
-	John D. Dilley		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1			ttsville,		
	20a. METHOD OF DISPOSITION 1X Burial 2 Crementon 2 Comment	red from State	PLACE OF DESPOSITH					or Town, State
	4 Donation 5 Other (Scotte) 21. SIGNATURE OF UNERLAL SERVICE LICE	MS# 1/ / /	ity igid ist	22. NAME AN	D ADDRESS OF FA	CILITY		am, Maryland
	- / Trul	4/5	V.			's Sons Fu		
	23. PART I. Entay the diseases, or co	molications that cause	the deeth Do not					11e, MD 20781
	ahogk, or heart fallure. Li	lat only one cause on a	ach line.		and a gring and		manory anroam	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Carlin 1	ly 1. Ar	m				
	resulting in death) a.	DUE TO (OR AS A SUC DUE TO (OR AS A SUC DUE TO (OR AS A	CONSEQUENCE OF):		. / /	1226		
Z	Sequentially list conditions, b.	Seps	is / Fe	men	in / (1	N(J)		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	1/-				
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):	barra	~~			
CERTIFICATION	resulting in death) LAST							
	PART II. Other algnificent conditions	contributing to death t	ut not resulting in t	he underlying	a cause alvan in	Part I. 24s. WAS AN	AITTOREV	24b. WERE AUTOPSY FINDINGS
CAL		ALDS	at not resulting in t	na ondanym	a cansa Aisail III	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	N	1				1 YES	2 [_] NO	OF DEATH?
2 ;						_		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Ch	neck only one)		
YSIC		HOSPITAL: 1 Inputlant 2 I ER/Outs		THER: Nursing Hom	ne 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME O	Y WO	PRK?	28d. DESCRIBE HOW	INJURY OCCUR	RED
84	2 Accident investigation	28. DI ACE DE IN NIDA	— At home, farm, stre		YES 2 NO	28f. LOCATION (Street	and Mumber of	Drumi Davin Mumber
9	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec		et, factory, offic	•	City or Town, State		nuel route number,
E	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	dedge death commed	et the time dete	and place, and diss	to the server(e) and me	anne en eteted	
COMPLETED	one)							cause(a) end manner ee stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 -			29c. LICENSE NU	MBER	29d. DATE S	HIGNED (Month, Day, Year)
00	Comen 12	7			D 30	243	D 9	11140
9	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	int	1 . +			
	734 premitag	and or	20	Jun	self	my	レクファ	,
	SFP 1 4 '90	32. REGISTRAR'S SIGN	-pandell					

DHMH-18 Rev 1/89

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Mechanic

Air Conditioning

Oden B. Dilley

John B. Dilley

Jessie S. Spiker

6221 20th Avenue, Hyattsville, Maryland 20782

Maryland State Vets. Cemetery Cheltenham, Maryland

Francis Gasch's Sons Funeral Home, RA ~ 4739 Baltimore Ave., Hyattsville, MD 20781

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OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate I hours after death with the State from 28 to marked on them	TOTAL CO IS INDIANOW, OF IN
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HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate hydribin is bound after death with the State (AMT- IN Hours 20 to mandeal or Homan AMT- IN Hours 20 to mandeal or Homan AMT- IN Hours 20 to mandeal	MINI. II GGIII EW IS IIIGINGO, DI IN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-mours after death. Page 6 may be retained by the hor TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled into the funeral director, page 5 should be detact be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build. ceremation, or removal. ***Hours of the mode of them 22 shows any interview or other trainmaftic event, the medical examinar must be notified at once.	UNIMAL II GOILL ED IN MAINEN, OF IN

	FOR STATE REGISTRAR	STATE OF MARYL		ICATE OF		MENTAL HYGIEN REG. NO		90 27079			
	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN		A.	EVANS		2. DATE OF DEATH DATE OF SEPTEMBER		3. TIME OF DEATH 10:50 A M			
- 3	4. SOCIAL SECURITY NUMBER 2 12 - 10 - 48 10	5. SEX 6. AGE (in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPLACE (State or Foreign Country) Maryland			
H.	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH				
Сто	NORTH ARUNDEL HOSPI RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		10c. CI3	Y, TOWN OR LOC	NIE MARYLAN	0	ANNE ARUNDEL 10d. INSIDE CITY				
DIR		Arundel		len Burr	ie		LIMITS? 1 YES 2 NO				
RAL	7900 Benesch Cir.	Δnt 705		1	01. ZIP CODE 2 1060		U.S.A.				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes,		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION o completed) College (1-4 or 5+)	TION nost of working	186. KIND OF BU							
SOMI	17. FATHER'S NAME (First, Middle, Last)		Seamstr		18. MOTHER'S NA	ME (First, Middle, Malden					
BE	Wilhelm P. Einol 198. INFORMANT'S NAME (Type/Print)	<u> f</u>	19b. MAILIN	ADDRESS (Street		ina A. Fl		Code)			
5	Kathleen Heales		7900	Benesch	Cir. Apt	. 794, G16	en Bur	nie. MD 21060			
	20a. METHOD OF DISPOSITION XXBurlal 2 □ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify) □	10val from State	pther place of DISPO	en Memor	ial Park	1770		nie, A.A., MD			
	21. SIGNATURE OF FUNERAL SERVICE LI		0	22. NAME	AND ADDRESS OF FA	CILITY	Dari	1103 /11/11 3 /11/2			
	· ASA O	NA SA	X_	421	Crain Hwy	S.E. G					
	IMMEDIATE CAUSE (Final	List only one cause on a	ach lina.			·	iratory arre	Approximate interval Between Onset and Death			
	disease or condition resulting in death)	a. DUE TO (OR AS /	CONSEQUENCE C	espro	itany (anna					
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS /	A CONSEQUENCE (OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS /	A CONSEQUENCE (OF):							
ERTI	reaulting in death) LAST	d									
CAL C	PART II. Other algnificant condition						N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC	Sepsis 120 horsi	rg) blo			~ accid	1 TYES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?			
N: N											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	PLACE OF DEATH (Ch						
	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	URED			
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm,		YES 2 NO	281. LOCATION (Street City or Town, State	and Number (or Rural Route Number,			
COMPLETED	(Crieck only	SICIAN: To the best of my know						ed. e cause(s) end manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		alur	Mn	29c. LICENSE NUI	MBER 3624	29d. DATE	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WI BASANT K. KHANDELWA	N N D 4000 CDA	TNI LITCULIA		01 GLEN BURN	NIE, MARYLANI	2106	1			
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND E OF DEATH	MENTAL HYGIE REG. N		0 27	08
	DECEDENT'S NAME (First, Middle, Le A. SOCIAL SECURITY NUMBER	M. CR	NOE		2. DATE OF DEATH	9/9	YEAR 3. TIME OF	200
	219-12-1642	1 - M 2 DF	YRS. Isst birthday) IF UNDE MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	-06	Y OF DEATH	or Fore
CTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COU	4 DUSTICE	10c. CITY, TOWN	x/agers to	we, of	AW)	ASLECCE 100. IMPLIED	97
LPIRE		shington		rstown		10a CITIZE	1X YES	2 N
FUNERAL	120 E. Franklin			21740		USA		
BY	11. MARITAL STATUS 1 Newer Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (L)NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specific	en, Puerto Ricen, etc.)	Yea or No-	Black, White, etc. Specify:	n India
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL ((Give kind of work done life. Do NOT use retired.) housewi	during most of working	16b. KIND OF I	BUSINESS/INDU	STRY	1
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Thomas Rock		Housewi	18. MOTHER'S N	AME (First, Middle, Maid by Meyers	len Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) Violet Cooper			er St., Hage				
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place) Lose Hill Ce		H		own, State	y1a:
	21. SIGNATURE OF FUNERAL SERVICE	To Dinn	- 1	NAME AND ADDRESS OF F MINNICH FUNE 415 E. Wilso	ERAL HOME	lagersto	own, Md.	21
CERTIFICATION	23. PART i. Enter the diseases, shock, or heart feliu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Practice s. DUE TO (OR AS A DUE TO (OR AS A	och ilne.	beard Foil		Do	inter	roxims rvai Be et and
MEDICAL	PART II. Other significent condi	tions contributing to death be sent in	to not resulting in the u	inderlying cause given in	PER	AN AUTOPSY FORMED? 3 2 ND	24b. WERE AUTI AVAILABLE COMPLETIN DF DEATH1 1 YES	PRIOR 1
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	other 3 DOA A DN	28. PLACE OF DEATH (C FR: Irsing Home 5 - Residence				
РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	IRED	
TED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fa		281. LOCATION (Str. City or Town, St	set end Number o ate)	r Rural Route Numbe	hf,
COMPLET	477	To the best of my knowl						or 86 B
BE	296. BIOMATURE AND TITLE OF CENT	200	or V.Dat	29c. LICENSE NI	UMBER 4262	29d. DATE	SIGNED (Month, Da	(, Venr)
TO	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	Total Control of the	St A	ug as d	ens!	. 5	174
	31. DATE FILED (Month, Day, Year) 9	32. REGISTAR'S SIM	ATURE Mandall		1	-		

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31. DATE FILED (Month, Day, Year)

SEP 1 4 '90

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

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burial-transit retained by the hospital or attending physician. as the use for detached g Ħ Should notified page 5 s irs after death. Page 6 may be pe Must director, examiner funeral the medical filled in by 6 the completely executed within event, prior to burial, traumatic and attending physician and Hygiene prior to certificate be other 1 0 requires that the death signed by the atter Health and Mental any shows has been Dept. of H WE 23 E S Hem certificate h PHYSICIAN: 5 r this c marked, After 1 death DR ATTENDING L DIRECTOR: / 200 Hem THE HOSPITAL I THE FUNERAL D filed within 72 h HOSPITAL = IMPORTANT:

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 9 8 90 8:40 P. Gary Eckard М Lvnn 5. SEX A SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1X M 2 | F YRS. 218-88-4889 PA 4-20-64 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll County General Hospital Westminster Carroll 10b COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Carroll 1 YES 2 NO Westminster 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2919 Ridge Road 21157 S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—if yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementery/Secondary (0-12) College (1-4 or 5+) n/a 10 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Meiden Sumame) Clarence L. Eckard. Jeanette Y. Brashears 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 336 21157 Eckard Bishop Ct. Jeanette Westminster, 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Donation 5 - Other (Specify) Cemetery New Windsor. James 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts. Sr. 412 Washington Rd. Westminster. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . HODGKINS'S DISEASE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as ateted. 2) MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 9-9-90 when OCME 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201

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8	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after of	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	è
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		FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPA					MENTA	L HYGIEN		2	7082
and the state of t		1. DECEDENT'S NAME (First, Mic	Later Total	m Eber	v						2. DATE	OF DEATH	Y 9	3.	11ME OF DEATH
		4. SOCIAL SECURITY NUMBER 214-30-975		5. SEX	6. AGE (II	yrs. last birthday	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH th, Day, Year) -26-1		BIRTHPLA Country)	CE (State or Foreign
(P)	œ	9a. FACILITY NAME (If not institu							R LOCATI		EATH 9c. COUNTY OF OE				Н
1,2	RECTOR	RESIDENCE OF DECE	DENT	on Str	eet				stbu	rg			Al	lega	
Pages	DIRE	Md a	b. COUNTY	llegany		10c. C	אסטר אָדוּי	stb1						1.0	I. INSIDE CITY LIMITS? YES 2 NO
physician. burial-transit permit.	ERAL	10e. STREET AND NUMBER		Tokani			1.1.0		. ZIP COD	E			10g. CITIZE		T COUNTRY?
an. Pansit	NER	163 Was	hing							153	Store			S.A.	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Mei 3 Widowed Divorces	- 1	12. WAS DECEDENT FORCES? 1 IF YES, GIVE V	YES OR DA	u.s. armed 2 No tes Confli		If yes, sp		n, Mexice	n, Puerto	N? (Specify Yer Rican, etc.)	or No 1	Specify:	American Indian, hits, etc.
r attend	9	15. DECEDE (Specify only hig	NT'S EDUC	ATION	, etti	16a. DECEDENT	'S USUAL C	CCUPATIO	ON ast of worki	no	16	. KIND OF BU		STRY	
spital o	COMPLET	Elementary/Secondary (0-12)		Glive kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+)											
# 8 € F	BE CO	17. FATHER'S NAME (First, Middle William I	Bber	Ly						Nor	a M	Middle, Maiden			
retained 5 should notified	5	190. INFORMANT'S NAME (Type/ Rick J. H		l.v								nber, City or Tow Frost			21532
ector, page		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 4 Donation 5 Other (Sp.	3 🗆 Ramo			PLACE OF DISP other place)	OSITION (N	ame of cer	metery, cres	matory or		20c. LO	CATION — CI	ly or Town,	State
er death. Page 6 m the funeral director, val.		21. SIGNATURE OF FUNERAL SI		ENSEE)	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
rs after de n by the fu removal.		22 PASS SERVICE AND ASSESSED.	0 .	Her		Mar disable Di									irg, Md.
filled in tion, or the me		23. PART (. Enter the disershock, or hear iMMEDIATE CAUSE (Final disease or condition resulting in death)		Arte	rios	clero	tic :					diac or resp	iratory sme	вс,	Approximate interval Between Onset and Daath
D TO TO	z	13		oue to	OR AS A	CONSEQUENCE	OF):								
cian be	CATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	tn	À		CONSEQUENCE									
Tyding T	ERTIFIC	that initiated events resulting in death) LAST	L.	DUE TO	O (OR AS A	CONSEQUENCE	OF):				_				
requires that the doen signed by the of Health and Meishows any Injury	MEDICAL	PART II. Other significant	condition	s contributing to	death be	ut not resultin	g in the u	ndariyin	g cause	given in	Part I.		AUTOPSY RMED?	AM CC OF	RE AUTOPSY FINDINGS ANABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN: The law tificate has t e State Dept or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO M	EOICAL	HOSPITAL:		_	OTHE		LACE OF I	DEATH (Ch	eck only	one)			
SICIAN: The certificate of the State I, or item	14SI	1 XYES 2 NO		1 Inpatient 2				rsing Hon		eeldence	Y	er (Specify)	IN HIRV COCK	IDED.	
DING PHYS After this of death with	ВУ РЬ	Natural 5 Per	iding estigation	(Month,	Day, Year)		INJURY M	1 [JURY AT ORK? YES 2 (□ NO	260. DI	EŞCRIBE HOW	INJURY OCCE	MED	
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma			uld not be ermined	28e. PLACE building	OF INJURY I, etc. (Spec	— At home, fan	n, street, fa	ctory, offic	00			CATION (Street y or Town, State		r Rurel Rout	e Number,
7 7 7 T	COMPLETED	and the same of th		CIAN: To the best of											nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De fied within 72 IMPORTANT: If	B	29b, SIGHAFURE/AND TITLE/OF	CERTIFIE						29c. LIC	ENSE NU	MBER 715)	29d. DATE		onth, Day, Year)
1/	임	30. NAME AND ADDRESS OF PO Paul Snow	я М.	D. Dp	ty M	ed. E	rpe, Print) Xam	12	Ph W	3r	d St	t Cumi	o Md	2150	2
//		31. DATE EILED (Month, Day)	0 4	ina Davidso	AR'S SIGN	ATURE									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2a hours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Ralph

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Libby,

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEAT	AND N	MENTA	L HYGIENI	90	2	7083
	1. DECEDENT'S NAME (First, Migdle, Laet) Anna	Sav	mour		bert				2. DATE MONT	of DEATH H DA UST 19	Y 10	YEAR 3.	TIME OF DEATH 9:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH	-	8. BIRTHPLA	ACE (State or Foreign
	219-05-4942 1 M 2 F 88 YRS. MONTHS DAYS HOURS MIN. Sept. 8, 1901 Governor) Mary 1												land
-1	9a. FACILITY NAME (If not institution, give street and number) Moridian Nursing Contor												н
6	Meridian Nursing Center, Corsica Hills Centreville Queen Anne												nne's
EG.												d. INSIDE CITY	
ā	Maryland Queen Anne's Queenstown 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											YES 2 NO	
FUNERAL DIRECTOR	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21658 United States												
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Olvorced		TEVER IN U.S. AR YES 2 NA WAR OR DATES			If yes, spe	ENDENT O	n, Mexicar	, Puerto	N? (Specify Yes Rican, atc.)	or No-	Black, W Specify:	American Indian, hits, atc.
COMPLETED	15. DECEDENT SUBJECT COMPleted (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) To a decedent subduct occupation (Give kind of work done during most of working life. Do NOT use retired.) Housekeeper Home												
OMF	17. FATHER'S NAME (First, Middle, Lest)			11001	Jenec	PCI	16. MOTH	HER'S NAI	ME (First.	Middle, Malden	Surname)		
BE C	Joseph Jeremiah Seymour 16. Mother's Name (First, Middle, Maiden Surname) Martha Emily Andrew												
TO B													
	The second secon												
	20a. METHOD OF DISPOSITION (Name of commettor) or 1 TK Burles 1 Cremetton 3 Removed from State 20b. PLACE OF DISPOSITION (Name of commettor) or other place of the place of St. Peter's Cemetery Queenstown, MD 21658												
	21. SIGNATURE OF FUNERAL SERVICE LIK	es H. Bar	ton, Jr	•	22.					l Home Centre	villa	e. MD	21617
	23. PART I/ Enter the diseases, or	complications the	daused the de	ath. Do	not antai						_		Approximata
	ahock, or haart failure. iMMEDIATE CAUSE (Final disease or condition	List only one car	use on each line	12		0	,	+					Interval Between Onset and Death
1	resulting in death)	a. VVV	OR AS A CONSE	OUENCE C	Y F):	on	far	CIL	on	,			/ MMECHATE
Z	Sequentially list conditions	b											
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	PF):								
띮	CAUSE (Diseasa or injury that initiated evanta	DUE TO	(OR AS A CONSE	OUENCE C	F):								
ERT	reaulting in death) LAST	d											
0	PART il. Other algnificant condition	na contributing to	death but not i	resuiting	in tha u	nderlyln	g cause (given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
2										PERFOR		00	MILABLE PRIOR TO IMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL													YES 2 NO
ä										<u> </u>			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	A:	ACE OF 0						
HYS	1 YES 2 NO 27. MANNER OF OEATH	28e. OATE O	ER/Outpatient 3	28b, TII	AE OF	28c, INJ		esidence		er (Specify) SCRIBE HOW to	NJURY OCC	UREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, I	Day, Year)	IN	JURY		YES 2	ON [
	3 Suictde 6 Could not be 4 Homicide determined	26e. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm,	atreet, fac	tory, offic	8			CATION (Street a or Yown, State)	and Number	or Rural Rou	e Number,
COMPLET	29a. CERTIFYING PHYS (Chec and cone) 2 MEDICAL EXAMINI												nd manner as stated.
	290 SIGNATURE AND TITLE OF CERTIFIE	R /			_		29c LIC	ENSE NUI	ABER		29d. DATE		onth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON-WI	O COMPLETED CAL	ISE OF DEATH TITE	M 27 (20)			200	ense nui	5	+	•	8-2	0-90

D05754 8-20-90 PERSON WHO COMPLES ED CAUSE OF DEATH (ITEM 27) (Type, Print) Grasonville, Maryland M.D. 21638 32. REGISTRAR'S SIGNATURE
GILLIA DON'S STANDARD DHMH-16 Rev 1/89 . "5" · 10

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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The	ate h	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	tem
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31. OATE FILEO (Month, Day, Year)
SEP 2 4 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 277 Apps. Print)
Woodsboro Medical Ctr.
Gene Aste Coppermine Rd.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DI		TMENT (_	91	0	27	084
	1. DECEDENT'S NAME (First, Middle, Last)		n L Ecke		ICATE	OF	DEAL		2. DATE OF MONTH	DA	LY.	990		E OF DEA	ATH
		SEX 6.	. AGE (In yrs. lest bit	rthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, E	BIRTH	8. BIRTHPLACE (State or Country)			(State or I	Foreign
OR	90. FACILITY NAME (If not institution, give street Frederick Memorial RESIDENCE OF DECEDENT		эь. сіту, т Ете		i ck	N OF DE			111	eder	DEATH				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Frede			y, town on iberty		100				10d. INSIDE CITY LIMITS? 1 67 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 12065A Main St.	Luerry		ZIP CODE	1762			10g. CITIZEN OF WHAT COUN			OUNTRY?				
BY FUN	11. MARITAL STATUS 12.	WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. ARMEI YES 2 XNO OR DATES	D	lf y	yes, spe	NDENT OF	HISPAN , Mexicer	IC ORIGIN? (n, Puerto Ric		or No—	14. RAC	E — Amek, White,	, etc.	
15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY															
TO BE	198. INFOPMANT S NAME (hyper-nin) 198. MAILING ADDRESS (Street and number or Hural House Number, City or lown, State, 2/p Code)														
Frances J. Ecker 12065A Main St. Libertytown. MD 21762 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Removel from Stata 4 Donellon 5 Other (Specify) Resthaven Memorial Gardens Frederick. MD															
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Wan!	Her	CII	22. N/	AME AN	o ADDRES	S OF FAC	D.D	. Hai	rtzle	er &	Son	s	
	23. FAM . Enter the diseases, or com shock, or heert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	only one ceuse				he mod	de of dyli	ng, such	es cerdie	c or respi	Iratory a	rrest,	1.3		nate Between nd Death
NOI	Sequentielly list conditions, b	cma	R AS A CONSEQUE	,	Loon	1	fo	10	re				-		
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUE TO (0	PR AS A CONSEQUE	ENCE O	/ _U	ng		Car	n Clr						
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions co	ontributing to d	eeth but not rea	uiting	in the und	leriying	j čeuse g	iven in		4a. WAS AN PERFOR	RMED?	24	COMPL OF DE	BLE PRIO	CAUSE
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER:				eck only one)						
	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIN	-	28c. INJ			8 Other (INJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At home ic. (Specify)	, farm,	street, factor				281. LOCAT City or	ION (Street Town, State)		er or Rura	Route No	umber,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	-											(a) and m	nanner as	stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	The w					29c. LICE	NSE NUN	MBER	2	29d. DA	TE SIGNE	D (Month)		1)

29d. DATE SIGNED (Month, Day, Year)
9-19-90

Woodsbore, MD

3/058

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF MI		ERTIF		TE OF			MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)			7						OF DEATH		1.12	3. TIME OF DEATH
Ednar. Eshelman								MONT	H 9		YEAR	19 46 m	
4. SOCIAL SECURITY NUM			. AGE (In yrs. les	t birthday)		IDER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		S. BIRTH	IPLACE (State or Foreign
214-01-04	.4-01-0467 1 M 2X F 72 YRS. MONTHS DAYS HOURS MIN.									h, Day, Year)	7	MD	
9a. FACILITY NAME (If not in		treet and number)			9b. C	HTY, TOWN	OR LOCATION	ON OF DE	ATH		9c. COU	INTY OF D	
Carroll County General Hospital Westminster Carroll											011		
RESIDENCE OF DECEDENT												OTT	
10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOW	N OR LOCA	TION						10d. INSIDE CITY LIMITS?
MD	C	arroll			W	estm	inst	ter					1 YES 2 NO
10e. STREET AND NUMBER						10	H. ZIP COOI	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
632 Gist	Road						211	157			U.	S.	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black White all Company of the Company of t											E — American Indian, k, White, atc.		
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☒ NO Specify: Specify:											thy:		
		1	The se		1				1				ite
(Specify on	CEDENT'S EDU ly highest grade	completed)	(G	ive kind of a Do NOT us	work do	L OCCUPATI one during m	ost of workir	ng	168	b. KIND OF BUS	IINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)					note	2 20		ahaa	ate	220	
17. FATHER'S NAME (First, A			0	wner	. O	ope	_			shoe		Эт.е	
									, ,		,		
Thomas B		T.f.	1				_			Easto			
19a, INFORMANT'S NAME (- 2								nber, City or Town			04455
Thomas M			_						stm	inste			21157
20a METHOD OF DISPOSIT		oval from State	20b. PLACE other pi	lace)								- City or To	TENTOWES I
4 Donation 5 Othe		October .	Wes	tmir		er C				W	esti	nins	ter. MD
21. SIGNATURE OF FUNERA	AL SENVICE LI	CENSEE								1 Hom	e &	Cha	me1
Robert	К. Р	ritts.	Sr.										inster.MD
23. PART i. Enter the c	diseases, or	complications that	ceused the de		not er								Approximata
shock, or to IMMEDIATE CAUSE (Fi		List Dnly one caus	e on eech line	B.									Interval Between Onset and Death
diseese or condition	-	CART	DIAC	7	-	2. A	XZ.	TO	L	E			nuray
resulting in death)	,	DUE TO	OR AS A CONSE	OUENCE O)F):		10		_		-		300
		· Ace	lo a	W	10	ea	du	al	W	New	du	M	73 bom
Sequentially list condi- if any, leeding to imme		DUE TO (OR AS A CONSE	OUENCE O	P):					4			
CAUSE (Disease or in)		с											
that initiated events		DUE TO (OR AS A CONSE	OUENCE O	HF):								
resulting in deeth) LAS	21	d											
PART II. Other signific	ant condition	ne contributing to	leeth but not	resulting	in the	e underlyi	no ceuse	aiven in	Part i.	24a, WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
										1 YES 2	□ NO		OF DEATH?
						<u> </u>							1 TYES 2 NO
25. WAS CASE REFERRED EXAMINER?	MEDICAL	HOSPITAL:				HER:	PLACE OF C						
1 TYES 2 NO		1 to Inpatient 2		_		Nursing Ho		ealdence	_		A. (1400)	201175	
27. MANNER OF OEATH 1 Natural 5	Pending	26a. DATE OF (Month, Da	y, Year)	28b. TIR	JURY	W	JURY AT	7.00	28d. DE	ESCRIBE HOW I	NJURY O	CCURED	
2 Accident	Investigation	00 PU 105 05	t tot all brown . A . b.				YES 2	NO		CATION (Street			B
3 Suicide 6 Homicide	Could not be determined	building, a	te. (Specify)	ome, rarm,	street,	, ractory, orr	ice			y or Town, State)		er or nurer	Ploute Number,
				_	_						-		
(Uneck only	TIFYING PHYS	SICIAN: To the best of	my knowledge, d	leath occur	red at 1	the time, da	te and place	e, and due	to the co	euse(a) and ma	nner es st	ated.	CONTRACTOR AND A
one) 2 ME	DICAL EXAMIN	ER: On the basis of ax	emination and/or	Investigati	ion, in	my opinion,	death occu	ared at the	time, dat	te and place, ar	nd due to	the cause	(a) and manner as stated.
296. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
Chara	لصفال	mnot	am	ارمر	HI	0	D	18	20	00		9 18	2 90
30. NAME AND ADDRESS	OF PERSON WI	HO COMPLETEO CAUS	OF OEATH (ITI	EM 27) (Typ	e, Print,	7.00	4 00	nlo	1	e wa	Wh	MIN	when or O
CHITRA	CHED	y NAG.				700,	110	216		7 -0	- 01	2	21157
31. DATE FILED (Month, De)	417	32 REGISTRA	THE STATUTE	andell	-								,
	50	0											

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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4	The
DIVISION OF VITAL RECORDS, P.O. BOX 13140	TAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
NOIS	ATTENDING
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	TAL

	FOR STATE REGISTRAR	STATE OF MARY				F HEALTH A		AL HYGIEN REG. NO		90	2708		
r pion	1. DECEDENT'S NAME (First, Middle, Last) Lula E		Foxwe				2. DAT	TE OF DEATH		YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-10-6470 A 98. FACILITY NAME (If not institution, give	6. SEX 6. AG	E (In yrs. Inst.	birthday)		AYS HOURE	MIN. (Mo	E OF BIRTH oth, Day, Year)					
TOR	98. FACILITY NAME (If not institution, give street and number) Hartley Hall Nursing Home Inc. Pocomoke City Secounty of Death Worcester												
DIRECTOR	10e. STATE 10b. COUNT	cester			TOWN OR	LOCATION ke City	7			INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 1510 Market Street, Newtowns Apts. 101. ZIP CODE 21851 109. CITIZEN OF WHAT												
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 TN	D	If y	S DECENDENT OF es, specify Cuben, YES 2 X NO	Maxican, Puert		or No-	Black, Wr	American Indian, inte, atc. Thite		
LETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of wo Do NOT use	retired.)	ing most of working	1	16b. KIND OF BUSINESS/INDUSTRY					
COMPL	17. FATHER'S NAME (First, Middle, Last)	0	Sa.	Lesp	erso			, Middle, Maiden	,	ng Si	tore		
TO BE	William Henry Burton Carrie Cherrix 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Davine A. Rawlings Route #2, Box 355, Pocomoke, Md. 20e. METHOD OF DISPOSITION 1 Burlet & Cremetton 3 Removel from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Salisbury Crematory Salisbury												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL HOME P. O. Box 64, Pocomoke, Md. 21851												
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):												
CERTIFICATION													
MEDICAL CI	PART II. Other algnificant condition	ven in Part I.	24s. WAS AN PERFOR	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			OTHER:	26. PLACE OF DEA	ATH (Check only	one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/O 26s. DATE OF INJUR (Month, Day, Yes	ty		OF 26	g Home 5 Real	26d. E	her (Specify) EŞCRIBE HOW I	NJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28f. L	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	anal city	BICIAN: To the best of my kn									d manner as stated.		
BE	296 SIGNATURE AND TITLE OF CERTIFIE Aul Muss	ER /				29c, LICEN D 2	SE NUMBER	2	29d. DATE :	SIGNED (Mo	nth, Day, Year)		
7	30. NAME AND ADDRESS OF PERSON W 305 Mea Ten					Ke (1 th	- 1	nd				
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	50	1.00		0						

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

SFP 2 1 '90

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6	vithin	this certificate has been signed by the attending physician and completely filled
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DIVISION OF VITAL HECORDS, P.O. BOX 13146,	DING	After
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ped .	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b
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	FOR 1 - STATE REGISTRAR	STATE OF I	/ MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.	E 9	0 2	27087	
	1. DECEDENT'S NAME (First, Middle, Lest) Delbert	Fou							2. DATE		3 1	9 90 3	TIME OF DEATH	
W)	4. SOCIAL SECURITY NUMBER 162-22-5119	5, SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Month NOV	E OF BIRTH 8. BIR			ITHPLACE (State or Foreign intry) NNS Ylvania	
ОВ	Ba. FACILITY NAME (If not institution, give street and number) Washington County Hospital Hagerstown Washing													
DIRECTOR	10a. STATE 10b. COUNTY MD Washis		R LOCAT	<u> </u>		DI. INSIDE CITY LIMITS? VES 2 V NO								
	100. STREET AND NUMBER 209 Daisy Drive	igion		erst	10f						AT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR X YES 2 1 WAR OR DATES	NO		f yes, spe	cify Cubs	OF HISPAN	n, Puerto F	7 (Specify Yea Rican, etc.)		14. RACE — Black, V Specify:	RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S live kind of Do NOT u	work done	during mo	N st of worldi	ng	16b.	KIND OF BUS		DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Howard Foy						Lai	ura	1	Middle, Malden Deal				
2	Janet M. Boyle 200. METHOD OF DISPOSITION			209 T	aisy	Dri	ve H	lager	Route Numb		2174	0		
	1 Burial 2 Commation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNAPORE OF FUNERAL SERVICE LK	Smit	NCE OF DISPOSITION (Name of cometen), cremetory or this burg Crematory 22. NAME AND ADDRESS OF FACILITY							Smiths burg, MD				
	Vennis	A.	Jev	<u>-</u>	R	- 3	Rox	78	Home Smith	shura	MD	21783		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List oply one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to the as a consequence of													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Or or as a consequence of): c. Out to (or as a consequence of): d.													
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO OF DEA											VERE AUTOPSY FINDINGS WAILABLE PRIDR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 □ DOA	OTHE 4 Nu	R:			heck only or	VTD-1007				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE O		26b. Til		26c. INJ WC			T	SCRIBE HOW	NJURY OC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At h , etc. (Specify)	ome, ferm,	street, fac	tory, offic	•			ATION (Street or Town, State)		r or Rural Roo	ute Number,	
COMPLETED	(Check only one) 2 MEDICAL EXAMINI												and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CONTINUE	frey la	yor.	, M	. D		39c. LIC	ENSE NU	MBER 19		29d. DAT	re signed (Vonen, Offy, Year)	
	30. NAME AND ADDRESS OF PERSON WY JEFPLRY A 31. DATE FILED (Morith, Day, Year)	HLOR, A	ISE OF DEATH (ITI	4 E		716	AM S	57 6	ile 3	03/	Page	Arv	nd21740	
	AUG 30 '90		hulia David	son-R	indell								DHMH-16 Rev 1/89	

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nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND DEATH	MENTAL HYGIEN	90	27088			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH			
.	Helen Virg	inia Forre	est			August 3					
100		5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)			
4	210 12 2010		7.4 YRS.	MONTHS DAYS	HOURS MIN.	Sept 26,	1915	Maryland			
-16	9e. FACILITY NAME (If not institution, give street		- 3	Hager	OR LOCATION OF D	EATH	9c, COUNTY				
DIMECTOR	Washington Cou	nty Hospit	cal		Was	shington					
Į,	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	Maryland Frede	erick	.le								
FUNERAL	3632 Brethren	Church Ro	ad	10	1. ZIP CODE 217	73	10g. CITIZEN	U.S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPA healty Cuban, Maxic is 2 NO Speci	NIC ORIGIN? (Specify Yean, Puarto Ricen, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White			
3	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S	USUAL OCCUPAT	ON nat of working	186. KIND OF BU	SINESS/INDUST	RY			
COMPLETED		College (1-4 or 5+)	Ille. Do NOT u	nemaker		Oran	Home				
N N			noi	llelllake1							
3	17. FATHER'S NAME (First, Middle, Last)				FOR THE PARTY	AME (First, Middle, Melden					
B	David Trumpowe 190. INFORMANT'S NAME (Type/Print)	er				ce Slayma					
2	James Forrest					Route Number, City or Tow		sville, MD			
	200. METHOD OF DISPOSITION	206									
	20e. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF F NERAL SERVICE LICEN			-	ND ADDRESS OF F			4 Main St.			
	Ricketts Funeral HOmeMyersvi.										
ALION	shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
CEMILFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		A CONSEQUENCE O								
PHYSICIAN: MEDICAL	REMU EVALLA	WITES II			ig cause given in	Denes	RMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			LACE OF DEATH (C	heck only one)					
2		HOSPITAL: 1 ☑ Inputient 2 ☐ ER/Outp	petient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	8 Other (Specify)					
E	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
à	2 Accident Investigation										
	3 Suicide a Could not be 4 Homicide determined										
COMPLEIED	cool orny	AN: To the best of my know						euse(e) and manner as stated.			
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER	7	HL	7	DIB	1 1 3	29d. DATE SI	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type		AV	440RM270	in 1	20			
	31. DATE FILED (Month, Day, Year) AUG 3 1 '90	32. REGISTRAR'S SIGN	bon-Randa	82.							

TO BE COMPLETED BY FUNERAL DIRECTOR.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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TEN	DR.	ffer	8
A	NEC .	S	E
R	OIE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	te
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYLA					HEALTH		MEN	ITAL HYGIEN	E	90	2708	19		
1. DECEDENT'S NAME (First	t, Middle, Last)										DATE OF DEATH			3. TIME OF DEATH	P		
JAMES.	CE	ifer.	TP								O- 10	y 5 —	90	1850	M		
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. lest i	birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. D	DATE OF BIRTH	8. BIRTHPLACE (State or			sign		
217-07-0423		1 XM 2 F	7	75	YRS.	MONTHS	THE DAYS MOURS SHIP (Month, Day, Year) Country)						ryland				
9a. FACILITY NAME (# not in		treet and number)				9b. CITY.	TOWN	OR LOCATI	ON OF O	_	1 10 101		NTY OF I				
			oen														
Carroll County General Hosp. Westminster Carroll											.011						
10a. STATE	10b. COUNT	Y			10c. CIT	r, TOWN O	I LOCA	TION						10d. INSIDE CITY			
Maryland	Maryland Carroll Finksburg										1 TES 2 K	10					
10e. STREET AND NUMBER	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										WHAT COUNTRY?						
3553 Gamber Road 21048 USA											JSA						
11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — America											E — American Indian	n,					
1 Never Married 2 💢	THE PARTY OF THE P	FORCES?)			pecify Cubs S 2 X NO			arto Rican, etc.)		Spec	ck, White, etc.			
3 Widowed 4 Div	orced		II					1.5						Thite			
	CEDENT'S EOU					USUAL OC		ION ost of worki	na		16b. KIND OF BUS	INESS/IN	DUSTRY				
Elementary/Secondary (College (1-4 or 5	+)	life. L	Do NOT us	e retired.)	uning in	000									
12					Insu	rance	2 A	gent									
17, FATHER'S NAME (First, A								227.71			First, Middle, Maiden						
James C.	Fifer	Sr.							Flor	en	ce Brigh	t					
19a, INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRESS	(Street	and Numbe	r or Rural	Route	Number, City or Town	n, State, Zi	ip Code)				
Dorothy M.	Fifer	•		3.5	553	Gambe	er I	Rd.	Fir	ıks	burg, Md	. 2	1048	3			
28a_METHOD OF DISPOSIT	TION		20b.	PLACE O	F DISPOS	SITION (Nar	ne of ce	ernetery, crei	natory or		20c. LO	CATION -	City or T	own, State			
4 Donation 5 Othe		HOVEL FROM STATE	_	C ₁	rest	Lawr	ı Me	emori	al (ar	den Mar	riot	tsvi	lle, Md.			
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE				22. 1	AME A	ND ADDRE	SS OF F	CILIT	Y	/ Do	into	rstown R	<i>a</i>		
▶ Kamo	43	0	In			_{E1}	l f m	. F	01001					, Md.211			
23. PART I. Enter the o	diameter of	semplications th		Aba dan	th Do		_							Approxima			
		List only one ca			iai. Do i	iot entar	ure m	ode or dy	nig, suc	211 66	Cardiac or respi	ratory as	rest,	Interval Be	tween		
IMMEDIATE CAUSE (FI	inel	ω	4											Onset and	Onset and Death		
reaulting in death)	\rightarrow	a. Ine	Umo	nia		_								LW	K5		
			OR AS A			- /								1	_		
Sequantially list condi	tiona,	b. Care	O (OR AS A	CONSECU	es o	opha	9 VS	>						6 140	25		
if any, leading to imme cause. Enter UNDERLY		DOL IV	A CH HO)	CONSEC	DENCE O	19								j			
CAUSE (Disease or In)		C. DISE TO	O (OR AS A	CONSEC	HENCE O	F)·								-			
that initiated avents resulting in death) LA:	ST		(0		- 111												
		d												_			
PART II. Other algolfic	ent condition	na contributing to	daath bu	it not re	sulting	In tha un	darlyli	ng cause	given in	Part	I. 24a, WAS AN		24	b. WERE AUTOPSY FIN AVAILABLE PRIOR T			
COPI)										1 TYES 2			COMPLETION OF CO			
ASCU	10											7	- 11 .	-1 TYES 2 TH	10		
25. WAS CASE REFERRED	TO MEDICAL						26. I	PLACE OF I	DEATH (C	heck o	only one)						
EXAMINER?		HOSPITAL:	☐ ER/Outpa	ntient 3	□ DDA	OTHER		me 5 🗆 R	ealdence	8 🗆	Other (Specify)						
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED																	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?																	
2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY	— At hon	ne, farm,	street, fact	ory, off	ice		281	LOCATION (Street	and Numb	er or Rura	Route Number,			
4 Homicide	detarmined	building	, atc. (Speci	ny)							City or Town, State)						
29a. CERTIFIER	TIEVINO BUYO	ICIAN. To the best	d and bear 1	adina di	th ac	and and About At	d	la and -li		0 00 00	ha anunalsh d ····		eta d				
(Check only		SICIAN: To the best of												(a) and manner as st	etad		
2			ARTHITIEN	anu/or If	.vestigetic	eri, eri my O	pinion,	-							meu.		
29b. SIGNATURE AND TITL	E OF CERTIFIE	011/						29c. LIC	ENSE NU	JMBER	1			D (Month, Day, Year)			
Clara 1	alle						_	10	08	25	8	P (79-	-16-90			
30. NAME AND ADDRESS (OF PERSON WI	HO COMPLETED CA	USE OF DEA		27) (Type	, Print)			/	1	1-	4	d N				

). 140 VIIIAGE 32. REGISTRAR'S SIGNATURE Center Westunster

Savidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within Sections after death. Page 6 may be retained by the hospital or attend TO THE HOSPITAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the flow within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR.

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPA CERTII					MENTAI	L HYGIENI REG. NO.	E	90	2	70	90	
	1. DECEDENT'S NAME (First,									2. DATE	OF DEATH	Y	3. TIME OF DEA			1	
)	Margaret Fi		ald							15 IS			90°	8:1	5	ам	
	4. SOCIAL SECURITY NUMBER 110-32-1090	5. SEX 6. AI 110-32-1090 1 □ M 25□ F					DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH 1, Day, Year) -12-07		8. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (# not ins			83	YRS.	9h. CIT	r TOWN C	R LOCATIO	ON OF DE		-12-07	9c. COUN		New York			
œ l	Fairhaven	otobor, give et	root and namoury				,	ille	011 01 02	A111		111111111111111111111111111111111111111		L Co.			
5	RESIDENCE OF DEC										322 001						
E	Marriand		1	TY, TOWN									E CITY				
2	Maryland 100. STREET AND NUMBER		ykes		. ZIP COO	F		1 YES		NO							
FUNERAL DIRECTOR	7200 Third			"	2178				27		d States						
N N	11. MARITAL STATUS		12. WAS DECEDES			13.		ENDENT C	OF HISPAN		i? (Specify Yes		14. RACE	- America	en Indie	n,	
	1 Never Married 2 1		FORCES?								Rican, etc.)	Specify: White					
D BY	3 Wildowed 4 Divor			100						Line	111111			WII	te		
TED	(Specify only	highest grade	completed)		(Give kind o life. Do NOT	f work done	during mo	ON at of worldr	ng	186	KIND OF BUS	INESS/IND	JSTRY				
PLE	Elementary/Secondary (0-	-12)	College (1-4 or 5								Schoo	1					
COMPLET	17. FATHER'S NAME (First, Mic	ddle, Last)	·						HER'S NA	ME (First, I	Middle, Malden	Surname)					
BE C	John N. Sul										Bollan						
0	19a. INFORMANT'S NAME (Ty								Town, State, Zip Code)								
	Fairhaven	ON			7200 Third Avenue Sykesville, MD 217												
	20s. METHOD OF DISPOSITION 1											Contract Contract					
	21. SIGNATURE OF FUNERAL	100	CENSEE //	1	_	22	NAME A	ND ADDRE	SS OF FA	CILITY							
	> Suin	MI	20XIA	49							ME (P.0784 (30						
	23. PART I. Enter the dis	seesea, or o	complications th	it-caused th	ne death. Do										roxima	eta	
	shock, or he IMMEDIATE CAUSE (Fin		List only one ca	uae on each	line.								Intarval Between Onset and Daath				
	disease or condition resulting in death)	→	. ASI	PIRA	TION	2		PNE	=Um	0111	IA						
			DUE TO	OR AS A CO	ONSEQUENCE	OF):											
NO	Sequentially list conditions, Due to (or as a consequence of):																
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING																
H	CAUSE (Disease or inju- that initiated eventa		DUE TO	OR AS A CO	DNSEOUENCE	OF):								1			
ERI	resulting in death) LAST		d														
07	PART II. Other significe	nt condition	s contributing to	o desth but	not resultin	g in the u	inderlyln	g cause	given in	Part I.	24a, WAS AN	AUTOPSY	245	WERE AUT	OPSY FI	NDINGS	
S	DEMEN	TIA									PERFOR			COMPLETI OF DEATH	ON OF		
AE I														1 TES		10	
ä																	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			ОТН		LACE OF E	DEATH (Ch	eck only o	ne)						
IYSI	1 YES 2 NO		1 Inpetient 2			IME OF	ursing Hor	JURY AT	asidence		or (Specify) SCRIBE HOW I	N III III OOG	11050				
	1 Natural 8 🔲	Pending	(Month,	Day, Year)	200.	NJURY M	W	YES 2	NO	200. DE	SCHIBE HOW I	NJOHT OCC	ONED				
BY	a C autiti	Investigation Could not be	28a. PLACE	OF INJURY —	At home, fam	n, street, fa	ctory, offic	ce		281. LOC	CATION (Street	and Number	or Rural	Route Numb	or,		
TED		detarmined	bullding	, etc. (Specify)						City	or Town, State)						
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner a										nner as stat	ed.						
COMPLET	one) 2 MEDI	ICAL EXAMINE	ER: On the basis of	examination a	nd/or Investige	ition, in my	opinion,	death occu	red at the	time, det	and place, ar	nd due to th	e cause(e) and man	ner ss s	tated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED										Month, De	V. Ybar)						
10			ac	0/16	71	71		1/	4	0	10		4/	15/	70	2	
	1645 OF	best	O COMPLETED CA	7	Pele	estr	ug	, /	me	1.	2	128	4				
	31. DATE FILED (Morrith, Day, 1681) 32. BEGISTRAR'S SIGNATURE SEP 17'90 Julia Davidson—Randell																

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DIVISION OF VITAL RECORDS,

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certificate has been h the State Dept. of

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DIRECTOR: After the hours after death vitem 28 is mark

FUNERAL Within 72 h IMPORTANT: 11

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The

HOSPITAL DR ATTENDING PHYSICIAN:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH НТИОМ 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JANE ELLEN FEINGOLD 14 90 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 TF 216-76-9950 35 1-27-55 Brooklyn, N.Y. 9a. FACILITY NAME (If not institution, give street and no 95 CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH DIRECTOR 11801 Prestwick Road Potomac Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Montgomery Potomac 10a. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 11801 Prestwick Road 20854 U.S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) N/A Unemployed N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Marion Okrent Feingold Harry Feingold 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harry Feingold (father) 11801 Prestwick Road, Potomac, Maryland 20854 20a. METHOD OF DISPOSITION

1 Sevice 2 Gramation 3 Removal fro

4 Donation 1 Other (Specify)

21. SIGNATURE OF PURIFICAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Judean Memorial Gardens Olney, Maryland 22, NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. ore 1170 Rockville Pike, Rockville, Maryland 23. PART L/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition aspino resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ~0 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 K NO DE DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
YES 2 \(\subseteq \text{NO} \) 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide

1 CESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(s) and manner ea stated.

96. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. OATE SIGNEO (Month, Day, Year)
when I have	me 1208 546	1 9-16-0

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) 8248 WISCONSIN 1

31. DATE FILED (Month, Day, Year) 90 32. REGISTRAR'S SIGNATURE Juna Davidson Mandell

AUR

(80" 14

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2. Just the recent of the case of t	en ed
MPCHIANI: II IRIN 26 IS MATREU, UTIEM 23 SHOWS any mjury, or owner unament event, the meanest examined mass or notice.	7

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90	2	7	0	9	5

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE		0	27092
	1. DECEDENT'S NAME (First, Middle, Linst)	MDNIH PAY			PAY 190	3. T	IME OF DEATH		
\	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)					6.	BIRTHPLA(Country)	CE (State or Foreign
)	014-12-3396 9e. FACILITY NAME (If not institution, give str	1 X M 2 D F 7() YRS.	9b. CITY, TOWN C	OR LOCATION OF DE	Nov.8,19	9c. COUNTY		MA.
OR	Suburban Hosp.	•		Bethesda	a		Montg	omery	y
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		1	TY, TOWN OR LOCAT					. INSIDE CITY LIMITS?
	MD Mo	nt.	C	hevy Cha	. ZIP CODE		10g. CITIZEN	_	YES 2 NO
FUNERAL	4109 Oliver St.			100	20815			U.S.A	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D. WW II	N U.S. ARMED 2 NO ATES	If yes, sp		IC ORIGIN? (Specify to, Puerto Rican, etc.)	fee or No— 14.	Specify:	American Indian, lite, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mouse retired.)	ON at of working	16b. KIND OF E	USINESS/INDUS		1120
MPL		4	Comput	er Analy				rans	portation
8	17. FATHER'S NAME (First, Middle, Last) Arthur M. Feenan				OF STREET	me <i>(First, Middle, Meid</i> n Welch	en Sumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a		Route Number, City or 1	own, State, Zip Co	ode)	
F	Olga M. Feenan	T		as item		I an	LOCATION — CIN		9-4-
	20e. METHOD OF DISPOSITION 1 Disposition 3 Remo 4 Donation 6 Ather (Specify)	val from State	other place)	Heaven C			1. Spg.		State
	21. SIGNATURE OF JUNERAL SERVICE LIQ	DMSEE .		Josep		's Sons,	Inc.		
	23. PART I. Enter the disesses, or conshock, or heart failure. I					NW Wash., h as cardled or rea			Approximeta Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	IMMEDIATE CAUSE (Final disease or condition							Onset and Death 6 Weeks
N	5949HOUS Cell Carcinoma Hypopharynx 6 Weeks								
CERTIFICATION	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury a.								
RTIFI	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):					
	PART II. Other significant conditions	a contributing to desth i	out not resulting	In the underlyin	g cause given in	Part I. 24s, WAS	AN AUTOPSY	24b, WE	RE AUTOPSY FINDINGS
DICAL							ORMED?	CO	MPLETION OF CAUSE DEATH?
MEDIC:						- 1		1(YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C)	neck only one)			
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ☐ ER/Out	patient 3 🗆 DOA	OTHER:	ne 6 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TI	NJURY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HO	W INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					e Number,		
COMPLETED	(Critick Orlly	CIAN: To the best of my known							d manner as stated.
	MIN. MONATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU				orith, Day, Year)
TO BE	Ames E. Wils	onhell D.			123	392.	► Sel	tempe	n 17 1990
	30. NAME AND ADDRESS OF PERSON WHO	TO MA		ockville	P.V. S	to 103 /	Rockirille	o ni	1. 20853
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE		· I K.E.	10, 100, 1	W YOU IIII		W. 20032
	SFP 1 9 '90	Grina Day	idran Rand	690					

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In-eversible Respiratory Failure Squamous Cell Carcinoma Hypopharynx

E. When !

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31. DATE FILED (Month, Day, Year)

Smith,

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Jr.,MD

	1 - STATE STATE REGISTRAR	ATE OF MARYLAND /		NT OF HEAT		NTAL HYGIENI REG. NO.	90	27093
	1. DECEDENT'S NAME (First, Middle, Last)		7			DATE OF DEATH	/ YEAI	3. TIME OF DEATH
	ALMA ANNA FAG				Au	gust 22,	1990	1:00 A. M
		M 2 🖔 F 88	VRS. IF UN	1	UNDER 24 HRS. 7. I URS MIN. D	oate of Birth (Month, Day, Year) ec. 27,	1901 Pe	etthpLACE (State or Foreign untry) nnsylvania
_	9a. FACILITY NAME (If not institution, give street and		9b. C		CATION OF DEATH		9c. COUNTY O	
6	residence, R.D. 3, B	ox 289		Centre	ville		Queen	Anne's
됩	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY
DÍRECTOR	Maryland Queen	Anne's	Con	trevill	0			LIMITS?
7	10e. STREET AND NUMBER	Allife 5	Cen	10f. ZIP			10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	R.D. 3, Box 289				21617		U	SA
	1 V Navar Marriad 2 Marriad FC	AS DECEDENT EVER IN U.S. ARM ORCES? 1 YES 2 N	O	If yes, specify	Cuban, Mexican, Pu	RIGIN? (Specify Yea Jarto Rican, atc.)	8	ACE — Amarican Indian, lack, White, etc.
B⊀	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES^	ŀ	1 ∐ YES 2 K	NO Specify:			White
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DEC	EDENT'S USUA	OCCUPATION		16b. KIND OF BUS	INESS/INDUSTR	γ
ᇤ			Do NOT use retire	ne during most of d.)	working			
AP	11 5	Te	acher(r	etired)		Public	School	S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME (First, Middle, Malden	Sumame)	
BE (Philip Perry Faga	n			Ida El	izabeth	Ellenb	erger
6	19a. INFORMANT'S NAME (Type/Print) neph					Number, City or Town		22180-6419
-	Philip E. Wolfe					enna, vi	rginia	22180-6419
	20a. METHOD OF DISPOSITION 1	9rn, Steten	OF DISPOSITION (09)	(Name of cemeter	y, crematory or	20c. LO	CATION — City o	r Town, State
		UGDI			Services		er. Del	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE James H.	Barton, Jr.			Box 222	M Bart	on Fune	ral Home
	James 14, Boil	and to				Marylan	1 21617	
	23. PART i. Enter the diseases, or compli							Approximate
	shock, or heert failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	my one cause on each line.		SCU.	0	Dise		interval Between Priset and Death
	resulting in death)	DUE TO (OR AS A CONSE	UENCE QF):	10	^ /	M -		
Z	Sequentially list conditions, b	The state of the s	euph	not V	ascula	· Unea	ro	2400 T
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEQ						
2	CAUSE (Disease or injury							
	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSEC	IVENCE OF):					į i
5	d			_				
I	PART ii. Other aignificant conditions cont	tributing to deeth but not re	esuiting in the	underlying ca	use given in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
7 1	A					1 TES 2		COMPLETION OF CAUSE OF DEATH?
ICAL								1 TES 2 NO
MEDICAL								
N: MEDICAL								
IAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Check of	only one)		
SICIAN: MEDICAL	EXAMINER? HOS	SPITAL:		26. PLACE HER: Nursing Home 5	¥/			
HYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 1 1 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	DOA 4 D	HER: Nursing Home 5 28c. INJURY	Residence 6		NJURY OCCURE	
3Y PHYSICIAN: MEDICAL	EXAMINER? 1	Inpatient 2 ER/Outpatient 3	28b. TIME OF	HER: Nursing Home 5 28c. INJURY WORK?	Residence 6	Other (Specify)	NJURY OCCURE	
B⊀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	28b. TIME OF	HER: Nursing Home 5 28c. INJURY WORK? 1 YES	Residence 6 AT 28- 2 NO	Other (Specify)		
B⊀	EXAMINER? 1 YES 2 NO 1 I I 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpetient 3 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At hor	28b. TIME OF	HER: Nursing Home 5 28c. INJURY WORK? 1 YES	Residence 6 AT 28- 2 NO	Other (Specify) d. DESCRIBE HOW II		
B⊀	EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Inpatient 2 ER/Outpetient 3 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At hor	DOA 4 DESCRIPTION OF STREET, S	HER: Nursing Home 5 28c. INJURY WORK? 1 YES factory, office	AT 28 2 NO 28	Describe How II I. LOCATION (Street a City or Town, State)	and Number or Ru	
B⊀	EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At hosbuilding, etc. (Specify)	DOA 4 D 28b. TIME OF INJURY me, farm, street,	HER: Nursing Home 5 28c. INJURY WORK? 1 YES factory, office	AT 28-26 NO 26	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) he cause(a) and mar	and Number or Ru	oral Route Number,
E COMPLETED BY	EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At hosbuilding, etc. (Specify) To the best of my knowledge, de-	DOA 4 D 28b. TIME OF INJURY me, farm, street,	HER: Nursing Home 5 28c. INJURY WORK? 1 YES factory, office he time, data and my opinion, deeth	AT 28 2 NO 26 place, and due to to occured at the time	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street City or Town, State) the cause(a) and mer s, data and piece, an	and Number or Ru	oral Route Number. se(a) and manner as stated. NED (Month, Day, Year)
B∀	EXAMINER? 1 YES 2 NO 1 I I 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the determined	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At hosbuilding, etc. (Specify) To the best of my knowledge, de-	DOA 4 D 28b. TIME OF INJURY me, farm, street,	HER: Nursing Home 5 28c. INJURY WORK? 1 YES factory, office he time, data and my opinion, deeth	Rasidence 6 AT 28-2 NO	Other (Specify) d. DESCRIBE HOW II I. LOCATION (Street City or Town, State) the cause(a) and mer s, data and piece, an	and Number or Ru	oral Route Number,

,Centreville,

32. REGISTRAP'S SIGNATURE Fundalle

Maryland 21617

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 8 should be filled within 72 hours after death with the State begt. of Health and Mental Hygiene prior to burial, cremoral.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HI	EALTH AND MENTAL HYGIENE
CERTIFICATE OF	DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	IENT OF HEALTH AND W ATE OF DEATH	IENTAL HYGIENE REG. NO.	0 27094
	1. OECEOENT'S NAME (First, Middle, Last)	FARRARE	arrare	2. DATE OF DEATH U9/II	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 2/7-/0-9/9/	5. SEX 6. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. NTHS SAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 3 26 1909	BIRTNPLACE (State or Foreign Country)
E E	90. FACILITY NAME (I not institution, give at	eerand number)	CITY, TOWN OR LOCATION OF DEA		OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT 10 STATE 10b. COUNTY	Л Д 109-СПУ, П	OWN OR LOCATION.	1 mm	10d. thisioe City LIMITS?
	10e. STREET AND NUMBER	thester cas	nbudge 101. ZIP CODE	10g. CITIZE	1 U YES 2 DATO
FUNERAL	2 3 / 9 Mu 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DIMO	13. WAS DECENDENT OF HISPANI If yea, specify Cubgo, Maxican		. RACE — American Indian, Black, Whita, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES 2 TANO Specify:	7	3 Pack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Extractory Secondary (0-12)	ATION completed) Catlege (1-4 or 5+) 16a. OECECENT'S US. (Give kind of work file. Do Not use re	JAL OCCUPATION depe during most of working tired.)	16b. KIND OF BUSINESS/INDUS	TRY
	17. FATHER'S NAME (First, Alicyle Last)	I was	16. MOTNER'S MAN	ME (First, Middle, Maiden Surneme)	and the second
TO BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural R	oute Number City or Town, State, Zip Co	minim
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo	20b. PLACE OF DISPOSITION Other piece)	ON (Name of cometery, crematory or	20c_LOCATION - CH	for Town, State
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FAC	C CLON TU	w mores, ms.
	Benni	e of Smith	B.S. 7. H. 1	.6-Bor928 A	I week ml.
	23. PART I. Enter the disease, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Final	complications that caused the death. Do not list only one cause on each line.		Pneumonia-Re	Interval Between
	disease or condition resulting in death)	Belateral aspera	timPreumone	u - Kecune	rt
N	Sequentielly liet conditions,	Suzure D	Seizure Dis		
CATIC	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	C. CHING SECUENCE OF (bils tates	Stated State	
CERTIFICATION	that initieted events reculting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):	Anemia Second	lary GI LogsC Ikoss-Chro	hronie
AL C	PART II. Other algnificent condition	e contributing to death but not resulting in t	the underlying ceuee given in i	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIO	Bacterial	dison Cande	aa sysii	1 O YES 2 O NO	OF GEATH?
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATN (Che	ick only one)	
YSICI	EXAMINER? 1 YES 2 MO		THER: Nursing Noma 5 Residence		
Hd /	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 26b. TIME O INJURY	PF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCU	RED
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, streebullding, atc. (Specify)	et, fectory, office	261. LOCATION (Street end Number of City or Town, State)	Rural Route Number,
COMPLETED	cool only	CIAN: To the best of my knowledge, death occurred a			1
BE CO	299. SHOWATURE AND TITLE OF CERTIFIER		gtonM Be License NUM		SIGNEO (Month, Day, Year)
10	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAUSE OF OBATH UTEM 27) (Type, Pri	(1) U3110	5 79	111/90
	30 Q Cullins 31. OATE FILEO (Month, Day, Year)	AVE MUNIOCK 32. REGISTRAR'S SIGNATURE	MD 216,	43	
	SEP 21 '0		delle		

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6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical ex	
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with IMPORTANT: If Item 28 is marked.	

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			IENTAL HYGIEN REG. NO		0 27095
n N	1. DECEDENT'S NAME (Phys., Middle, Last) G		DRED GI	ILROY			AY YE	an 5 30 m
	220-82-0193	□ M 3√√F 7	8 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 3-4-191:	2 NE	
тон	9a. FACILITY NAME (If not institution, give street a			CL/	NTON	ATH	9c. COUNTY	B-COUNTY
FUNERAL DIRECTOR	MARYLAND CHAR	LES	1.27	OWN OR LOCATI	EAD			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	RT.#1 BOX 455-	G		101.	20640)	U.S	of what country?
BY	1 Name Married WV Married	. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DA	2-2-00	If yes, spe	ENDENT OF HISPAN city Cuben, Maxicar XNO Specify	C ORIGIN? (Specify Ye , Puerto Ricen, etc.)		RACE — American Indien, Black, White, etc. Specify: JHITE
COMPLETED		ON pleted) ollege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos stired.)	N t of working	16b. KIND OF BU		RY
OMP	H. S. GRAD. 17. FATHER'S NAME (First, Middle, Last)		HOME	MAKER	16. MOTHER'S NAI	OWN RE (First, Middle, Maider		
ш	CHANCEY HILL				SUSAN	NA HOW	ELL	
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	d Number or Rural F	oute Number, City or Tox	vn, State, Zip Coo	ie)
-	PAUL B. GILROY		SAME PLACE OF DISPOSITI		V	I as a	OCATION — City	
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State	other place)		. CH . CEN			EN MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ITOMITORE		D ADDRESS OF THE		me Z	C
	Mutos	Jatos		Tren.	Plate	Mary	= 1 2	0646
	23. PAFD 1. Enter the diseases, or component in the shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ach line.		cey.	e teen		, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CERT	resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditions or	Device		the underlying	cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	ack only one)		
rsic		OSPITAL: Inpatient 2 - ER/Outp		THER:	5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 12 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME (Y WO	JRY AT RK? 'ES 2 NO	28d, DEŞCRIBE HOW	INJURY OCCUP	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stre			28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
3 Suicide 6 Could not be determined Duilding, etc. (Specify) 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and one of axamination and/or investigation.							ause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				DISA	S	29d. DATE S	IGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO CO	32, REGISTRAP'S SIGN	GYON (H	RIRO,	Oyou 14	ell mi	1) 20	745
	31. DATE FILED (Month, Day, Year)	Julia Da	vidson-Randa	200				

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I hereby certify that I have viewed the remains of the decedent named below, and hereby certify that there is no doubt as to the identity of said deceased.

Identified by: Dr. Cristina M. Petit Cristian West May

Proce 9 page	FOR STATE REGISTRAR	STATE OF M					EALTH AND	D MEN	TAL HYGIEN REG. NO	7//	-2709	76
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		YEAR 3. TIME OF E	EATH
	JOYCE GRAFF/	Joyce El	izab	eth A	ustir	G	raff	Ö		1990	4;00	P
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HR	s. 7. DA	TE OF BIRTH		B. BIRTHPLACE (State (or Foreig
	508-09-5184	1 🗆 M 2 🎇 F	70	O YRS.	MONTHS	DAYS	HOURE MIN		12/30/	19	Nebras	ska
, art	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN C	OR LOCATION OF	F DEATH		9c. COUNT	Y OF DEATH	
DIRECTOR	THE JOHNS HOPKIN		L		BAL.					BALT	IMORE CI	ΓY
N H	10a. STATE 10b. COUN			10c. Cl	TY, TOWN OR						10d. INSIDE	
		<u>Morceste</u>	r		Po	7	moke (City			1 X YES 2	_
ERAL	10e. STREET AND NUMBER	1				101	ZIP CODE	1 0 71		10g. CITIZE	EN OF WHAT COUNTR	77
R	912 Walnut St:	270 270 200	T 51/50 101 41 4	0 404450	1 40 11			1851			USA	141
FUN	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	NO NO	H:	yes, sp	ecify Cuban, Ma	xican, Pun	GIN? (Specify Yer to Rican, etc.)	n or No-	4. RACE — American Black, White, etc.	ingien,
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	5	11	YES	2 NO Sp	ecity:			Specify: Whi	te
ETED	15. DECEDENT'S ED	UCATION	164	a. DECEDENT	USUAL OCC	UPATIO	ON		16b. KIND OF BU	SINESS/INDU		- 00
H	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	life. Do NOT	work done du ise retired.)	nng mo	ast or working				County,	
Ē	12th			Sec	retar	`У			of Rec	reat	ion and	Pa
COMPL	17. FATHER'S NAME (First, Middle, Last)								st, Middle, Maiden	Sumame)		
ш	Steve Aus	tin						Ther		nia		
TO B	19a. INFORMANT'S NAME (Type/Print)			2.7					lumber, City or Tox		- '	
-	Maxine Keys										ska 6850	8
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Res	moval from Stata	oti	her place)			metery, crematory				ity or Town, Stata	
	4 Donation 5 Other (Specify)		_ <u>M</u>	etro		_	ry, I			iltim	ore, MD	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE					NO ADDRESS OF		1 Home	2		
	Sw45.1	melan							Pocomo		itv. MD	21
CERTIFICATION	immediate Cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	e. Seponeros. b. Mroseps ouetro c. Perfera Due to d. Enterocu	(OR AS A CO	duo deno	OF):	cer					9-6 4-6 2	
MEDICAL CE	PART II. Other significent conditions COPD Renal fail		deeth but	not resulting	In the und	erlyin	g ceuse giver	n in Part i	24a. WAS AI PERFO 1 TYES	RMED?	24b. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAL
N N	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH	f (Check on	ly one)	-		_
SICI	EXAMINER?	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:		ne 5 🗆 Reelder	nca 6 🗆 (Other (Specify)			
. ≻	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. Ti		6c. IN.	JURY AT ORK?		DESCRIBE HOW	INJURY OCCI	URED	
BY PI	1 Natural 5 Pending 2 Accident Investigation		y, 150t)		M		YES 2 NO					
2 0	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	etc. (Specify)	At home, farm	, street, facto	ry, offic	00		LOCATION (Street City or Town, State		or Rural Route Number,	
O BE COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY											an ota
E O	295. SIGNATURE AND TITLE OF CERTIF	ER)	Q ex	ident		29c. LICENSE	NUMBER		29d. DATE	SIGNED (Month, Day,	Ybar)
18	Mithael E.	Walde	van H		hysich	in				D 9	1/7/90	
= ₽	30. NAME AND ADDRESS OF PERSON V	HO COMPLETEO CAU	SE OF DEATH								1	
				The	John	าร	Hopki	ns F	Hospit	al R	alto., 1	VID
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATU	URE								
115	9/2/9	crn f	ומי ש 1	1	Sulia.	Davi	idson-Par	dall				

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DIVISION OF VITAL	on ATTENDIAG DUVCKIAN. The law requires that the death certificate he executed within
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO	E 90	27097	
	1. DECEDENT'S NAME (First, Middle, Last) George Frank	klin GA	RRISH			2. DATE OF DEATH DO Sept. 10), 1990	3. TIME OF DEATH 4:50 P M	
	220-10-3/40	1 □XM 2 □ F	E (In yrs. lest birthday) 71 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IRTHPLACE (State or Foreign ountry) anyland				
TOR TOR	99. FACILITY NAME (If not institution, give street 113 N.LOCUST St. RESIDENCE OF DECEDENT	eet and number)			erstown	9c. COUNTY C	ington		
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Washi	ington	10c. CIT	Hagerst			292	10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO	
ERAL	100. STREET AND NUMBER 113 N.LOCUST S	St.		101.	21740		10g. CITIZEN (OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Secondary (0-12) College (1-4 or 5 +)								s & Rec.	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Bruce	D.	Garri	sh	16. MOTHER'S NAM	ME (First, Middle, Melden Butle		nittington	
2	190. INFORMANT'S NAME (Typo/Print) Cathy Garrish					oute Number, City or Tow erstown, MI)	
	20e. METHOD OF DISPOSITION 1	val from State	SMITHSbur	g Cremat	orium		CATION — CHY C Smithsbu	or Town, State Ung, MD 21783	
	21. SIGNATURE OF TURBULAL SERVICE ICE	The me			NE FUNER Ox # 348	AL HOMES Williamsp	ort,MD	21795	
	23. PART I. Enter the diseases, or continued to the conti	Periampull	aech lina.	noma of			iratory arrest,	Approximata Interval Batween Onset and Death 2½ years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF						
PHYSICIAN: MEDICAL CEN	PART II. Other significant conditions	contributing to death	but not resulting	in the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rutpatient 3 🗆 DOA	OTHER:	ACE OF OEATH (Che				
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJUF (Month, Day, Yea 28a. PLACE OF INJU		M 1	PRK? YES 2 NO	28d. OEȘCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number,			
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSIC	building, etc. (S	owledge, death occurr	ed at the time, date	end place, and due		nner as stated.		
BE COM	29b. SIGNATURE AND TITLE OF CENTIFIER			on, in my opinion, c	29c. LICENSE NUM	ABER .	29d. DATE SIG	SNED (Month, Day, Veer) 11, 1990	
2	30 NAME AND ADDRESS OF PERSON WHO		-	Drint)	D01	002	. sept	. 11, 1990	

Ditto, III, M.D.,

32. REGISTRAN'S SIGNATURE

Edward W.

DHMH-16 Rev 1/89

217 West Washington Street, Hagerstown, Maryland 21740

31. DATE FILED (Month, Dey, Year) 32, REGISTRAR'S

SEP 14'90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randage

		FOR 1 - STATE REGISTRAR	STATE OF MARY			ENT OF H			YGIENI EG. NO.	9 () 2	27098
		1. OECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF I	DEATH DA	Y YE		TIME OF DEATH
		GLENN O.	GIBS	ON,	J	R.		9 -	- 14	- 90	5	0222 A
(b)		4. SOCIAL SECURITY NUMBER 357-20-4636	5. SEX 6. AG	E (In yrs. las		UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Der 5-29-		8. 5	ountry)	CE (State or Foreign
2, 3	OR.	90. FACILITY NAME (If not institution, give st Carroll County Ger		al	9b		ninster	EATH		ec. COUNTY	of oeath	
-	2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CITY TO	OWN OR LOCAT	ION					1. INSIDE CITY
mit. Pages	DIRECTOR		Baltimore		100.011, 10	Hamps	stead				1 [LIMITS?
46 physician. burlal-transit permit.	FUNERAL	18324 Upper Beckle	eysville Roa	ad		101	. ZIP CODE	1074		10g. CITIZEN	USA	COUNTRY
3146 ling physician the burlal-trai	BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Olvorced	12. WAS DECEDENT EYER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. AR S 2 DA DATES	MED NW II	II yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto Ricar			Snective	American Indian, hite, etc. White
zo3-		15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S USU	JAL OCCUPATIO done during mo tired.)	ON st of working	16b. KIN	OF BUS	INESS/INDUST		
hospi ached	COMPLETED	0-10 G.E.D.	College (1-4 or 5+)		Super						& E	lectric
A se de	m	Glenn O. Gibson,	Sr.					rn Hil	1			
MARYL. be retained by ge 5 should be e notified at		Mrs. Mary M. Gibs	on				eckleysvi					d.21074
IMORE, Page 6 may be I director, page		20e, METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Reme	oval from State	other pl	of disposition of Carro	oll Cre	emation S	erv.		mpstea		
ALTIMORE, death. Page 6 may be funeral director, page .		21. SIGNATURE OF BUNERAL SERVICE LIC	W. Eli			22. NAME AP	ND ADDRESS OF FA	E1		Funera		
Sours after d d in by the or removal.		23. PART I. Enter the diseases, or c shock, or heart fellure.	complications that cause	sed the da		_	da of dying, suc					Approximata Interval Between
		IMMEDIATE CAUSE (Final	DUE TO (OR AS			ir A	CCIDE.	WT			ļ	Onset and Dea
4 8 9 4			DUE TO (OR A	S A CONSE	OUENCE OF):							
BOX 131 icate be execut ophysician and of performing to buring er traumattic.	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	S A CONSE	OUENCE OF):							
Certificat ding phy tygiene p	TIFK	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSE	QUENCE OF):							
- E	CE		d									
D = >2 -		PART II. Other significant condition	s contributing to death	but not i	resulting in t	ha undarlyin	g cause given in		PERFOR	MED?	CO	TRE AUTOPSY FINDING AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
ے نے در حا								-			1 [YES 2 NO
has be la	Ĭ.	25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (Ch	neck only one)				
SICIAN: The certificate h the State	Sic	EXAMINER? 1 YES 2 HO	HOSPITAL: 1 If inpatient 2 - ER/O	utpatient 3		THER: Nursing Hor	ne 5 🗆 Residence	6 Cher (S)	pec#y)			
O FF SEE	1 7	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yea		28b. TIME O	WC	URY AT ORK? YES 2 NO	28d. DEŞCRI	BE HOW I	NJURY OCCUR	ED	
OOKO		3 Suicide 6 Could not be determined	26a. PLACE OF INJU- building, etc. (S	IRY — At he specify)	ome, farm, stre	et, factory, offic	:0		ON (Street a own, State)	and Number or I	iurel Floute	e Number,
DIN RAL OR AL DIRE	3	CONTROL OTHY	CIAN: To the best of my kn								euse(e) an	nd manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 I	BE CO	29b. SIGNAPURE AND TITLE OF CERTIFIE	R //	mD.		- 000000	29c. LICENSE NU	MBER			GNED (Mo	onth, Day, Year)
2 2 3	2	30. NAME AND ADDRESS OF PERSON WH			M 27) (Time De	inti	Do 49	37		- 7/	ナナノ	/-
		JOIHN S, HA					ST. W	ESTM	INST	ER, 1	ИD,	21157

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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HOSP	FUNE	within	TAN
THE C	JTE C	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPOR
E	H	Z	=

	1 - STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MEN.	TAL HYGIEN REG. NO.		30	27	099
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		ween	3. TIME OF	DEATH
	Sophie	Anna Grab	au				Se	pt.17,	ຶ່ 199	O YEAR	1:45	P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday)			IF UNDER 24 HRS.		TE OF BIRTH		8. BIRTHI	PLACE (State	or Foreign
1	152-12-3744	1 □ M-2 🄀 F	85 YRS.	MONTHS 5	DAYS 4	HOURS MIN.	Ap	r.13,1	905		Jer	sev
1	,9a. FACILITY NAME (If not institution, give st			9b. CITY	, TOWN O	R LOCATION OF D			9c. COUN			
6	6656 Woodbine	Road			Wo	odbine			С	arr	011	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		1	-								
H		arroll	10c. CI	Ty, TOWN							10d. INSIDE	
۵	100. STREET AND NUMBER	alloll		WC	odb	ZIP CODE			I		1 YES :	
RA	6656 Woodbine	Dood			101	21797	7		100	U.S		177
FUNERAL DIRECTO	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	ILLE ADMED	140	WW 0 050			0.000 00 16 - 36				
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO		If yes, spe	ENDENT OF HISPAI	nn, Pue	rto Rican, atc.)	or No-		- American White, atc.	indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		1 TYES	2 NO Specif	y:		_ 1	Specif	Whi	ite
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL O	CCUPATIO	ON .		18b. KIND OF BUS	SINESS/INDU	STRY		
F	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of life, Do NOT u	work done use retired.)	aunng mo	at or working	- 1					
P	12 yrs.	none	Book	ckee	per							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							st, Middle, Maiden				
BE (William John	1aler				Cathe	ri	ne Bue	chel	е		
10	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
-	Herbert J. Gra					ne Rd.	Wo					.797
	20a. METHOD OF DISPOSITION 1 Burlel 2 2-Cremetion 3 Rem	oval from State	other place)	SITION (N	ame of cen	netery, crematory or			CATION — C			
	4 Donation 5 Other (Specify)	M	etro C			- ton			timo	re,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	815	h. '	22.	Bur	rier Fi	une	ral Ho	me			
	Mart	50 Louis			Win	field,	Ma	ryland	21	784		
NO	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditions,	e. DUE TO (OR AS A	ech ilne. Dage	OF):		ncer					Onset	eximate al Between and Deeth
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	cDUE TO (OR AS A	CONSEQUENCE (OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to deeth b	ut not resulting	in the u	nderlying	g cause given in	Part i	24a. WAS AN PERFOR 1 TYES	RMED?	24b.	WERE AUTOR AVAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO I OF CAUSE
N N	25. WAS CASE REFERRED TO MEDICAL					ACE OF OEATH (C)	heck on	ly one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 DOA	OTHE 4 Nu		Residence	8 🗆 0	Other (Specify)				
=	27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TI	ME OF	28c. INJ	URY AT	28d.	DESCRIBE HOW I	NJURY OCC	URED		
BY F	2 Accident 5 Pending			М		YES 2 NO						
	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — Al home, farm,	, street, fac	tory, offic	•	281.	LOCATION (Street City or Town, State)	and Number	or Rural F	loute Number,	
COMPLETED	000)	ICIAN: To the best of my know) and manne	as stated.
BE C	294- SIGNATURE AND TITLE OF CHILIFIE	0.0				29c. LICENSE NU		2			(Month, Day,	Ybar)
TO B	- and who	BONNENISS	4			DOT	Dil	7	10	118	3/40)
F	30. NAME AND ADDRESS OF PERSON WH	O'COMPLETED CAUSE OF DIE	ATTH-HTEM-20) (Typ	m, Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE									
	SEP 1 8 '90	Julia Davidson	~ Handell									

17. 194 20, 1 % 4 E 21.	25 III did no Si if if if if if if if if if if if if if	30
TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ř
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ne funeral director, page 5 should be detach al.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.)
ir death. Page 6 may be retained by the hos	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Lans after death. Page 6 may be retained by the hos	7
DALLIMONE, MANILAND	DIVISION OF VITAL RECORDS, T.C. BOX 13149,	7

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31. DATE FILED (Morith, Day, SEP 13

LENKIN

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

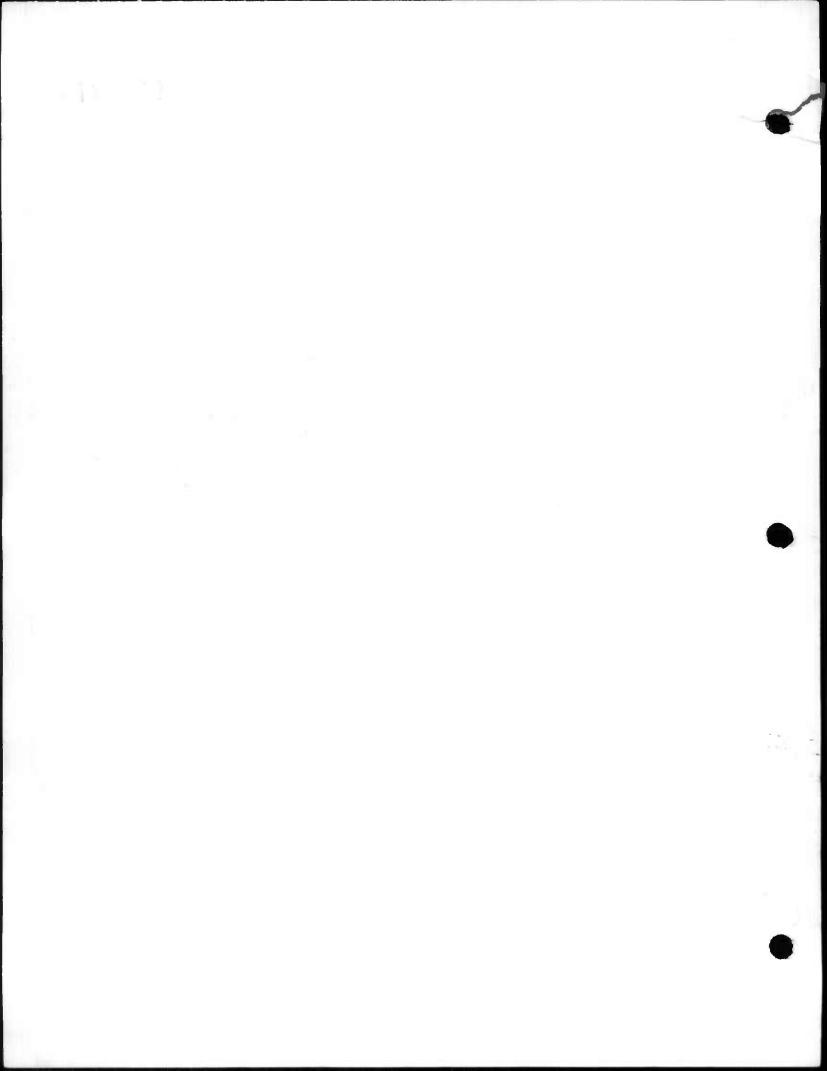
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO	- JU	27100
1. DECEDENT'S NAME (First, Middle, Last) OFONOE	GRAHA	m		2. DATE OF DEATH DO NORTH September		3. TIME OF DEATH
578-09-5480		30 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 5 28 10	Son	uth Carolin
90. FACILITY NAME (If not institution, give street Presidential Woods RESIDENCE OF DECEDENT		1	Adelphia, N	fd.	9c. COUNTY OF D	e George
D. C.	N/A	10c. CITY, TOWN Wash:	or Location ington			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1219 Oates St	reet, N. E.		10f. ZIP CODE 20002	E ²	10g. CITIZEN OF V	WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 N Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 27 IF YES, GIVE WAR OR DATES	ARMED 1	3. WAS DECENDENT OF HISPA If yes, epecify Cuben, Maxic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)	or No 14. RACI Black Speci	E — American Indien, k, White, etc. #y: Black
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working f.)		c. Gover	
17. FATHER'S NAME (First, Middle, Last) Mack Graha		Santary.		AME (First, Middle, Meiden	Surname)	iment
190. INFORMANT'S NAME (Type/Print) Donna Harris		Washi	Oates Street and Number of Rural Oates Street ngton_D_C_	20002		
20g_METHOD OF DISPOSITION 1	from State other F	t. Lincol	Name of cemetery, crematory or Cemetery 2. NAME AND ADDRESS OF F.	B	cation — city or to centwood,	Md
J.P.M.	ushall		2. NAME AND ADDRESS OF F 4217 9th Washington	D. C. 20	0011	
23. PART I. Enter the diseases, or comshock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition	t only one couse on each	line.			Iratory errest,	Approximate interval Between Onset and Death
sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COP DUE TO (OR AS A COP		Leas DE	Slose		5 gra
CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CO)	(SEQUENCE OF):				
PART II. Other significent conditions of Drad Dissolutions of Dissolutions of Dissolutions of the Dissolution of the Dissolutio	contributing to deeth but n Re Cushes USE	ot resulting in the	underlying ceuse given is	Pert I. 24a. WAS AN PERFOI	RMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	IOSPITAL:	t 3 □ DOA 4 (1)	26. PLACE OF DEATH (C			
27. MANNER OS DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)			28t. LOCATION (Street City or Town, State)	Route Number,
(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge On the basic of examination end					e) end manner ee stated.
296. SIGNATURE AND TITLE OF CENTIFIER. Myron G.	enpu mo		29c. LICENSE NO.	JMBER 7	≥ 9/8	(Mgrth, Day, Year)

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SHOREFIELD

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DIVISION OF VIEW RECORDS, F.O. DOA 13149,	OR	Pied	
_	TA	ZE	1
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retain	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho have after death with the State Dent, of Health and Mental Hotiere prior to burial, cremation, or removal.	
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce		TMENT				YGIEN EG. NO.		0	27101	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C	EATH DA		YEAR	3. TIME OF DEATH	
	MARIE	L.		G	ENAR)		SEPTEN				0 6:05 AMM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR IF	UNDER 24 HRS.	7. DATE OF B	IBTH	-		HPLACE (State or Foreign	
	578-50-0856	1 □ M 2½∑ F	53	YRS.	MONTHS (DAYS HO	URS MIN.	10-4-	-36		Wash	n.,D.C.	
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR LO	CATION OF D	EATH		9c. COU	NTY OF D	DEATH	
OR	PHYSICIANS MEI	MORIAL	HOSPITA	L	LA	PLA'	ГА			С	HARI	LES	
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MG. Charles Waldorf										10d. INSIDE CITY LIMITS?		
											IZEN OF Y	1 YES XX NO	
FUNERAL	755 University Drive 20602										US	SA .	
BY FUI	I I I I I I I I I I I I I I I I I I I										E — American Indian, sk, White, etc. White		
E	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										DUSTRY		
COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6 +) 11 O Give kind of work done during most of working life. Do NOT use retired.) Book Keeper Bank												
E COM	william Cherry Doldry Sheckers										3		
00	19a. INFORMANT'S NAME (Type/Print)		191	, MAILING	ADDRESS (Street end N	umber or Rural	Route Number, C	ity or Tow	n, State, Zij	o Code)		
۲	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10a-10f										2		
	20e. METHOD OF DISPOSITION **Example 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE other pla Ft.	ece)	coln (, crematory or ery			cation – renti		own, State , Md .	
	21. SIGNATURE OF FUNERAL SETTICE U	PENSEL	11									me,Inc.	
	· St	5/2	Took	-	C1:	inton	,Md. 2	cander 1 2 0 735					
	23. PART I. Enter the Success, or shock, or heart fellure. IMMEDIATE CAUSE (Finel	complications the List only one ce	et coused the de use on each ilne	eth. Do	not enter th	ne mode o	of dying, su	ch se cardiec	or reap	liretory ar	reat,	Approximats interval Between Onset and Death	
	disease or condition resulting in desth)	a	OSE	ye	tel		yeu	41	al	a	\sim	mells	
_		DUE TO	(OR AS A CONSE	OENCE O	120							Zwells 2 wells	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	DUBNICE O	F):								
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	QUENCE C	PF):								
S		a					-						
MEDICAL	PART II. Other significent condition	Clas	deeth but not i	ncel	in the und	erlying ce	Property le		PERFO		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
												1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			theck only one)					
¥	1 YES 2 NO 27. MANNER OF DEATH	26e. DATE O	ER/Outpatient 3	26b. TII		6c. INJURY		6 Other (Sp		IN HIRY OF	CHBED		
	1 Netural 5 Pending		Day, Year)		JURY M	WORK?	2 NO	280. DESCRI	DE HOW	INJUNT OC	CORED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he, etc. (Specify)	ome, ferm,	street, factor	y, office			N (Street wn, State)		or or Rural	Route Number,	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knawledge, de	ath occur	red at the tim	e, date and	place, and du	ie to the cause(s) end me	nner es st	nted.		
MC		On the beals of	plinshation and/or	Investigat	og In my op	flon, death	occured at th	e time, date end	place, er	nd due to t	he cause	(s) end menner es stated.	
BE	266. SIGNATURE AND TITLE OF CERTIFIE	Y fa	el	1	1	29	D-02			29d. DA	SIGNE	(Month, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITE	M 270 (TRO	ns Amirath Co. C	VE C	OILAR	E SIII	TE	104	5	, , ,	

30. NAME AND ACCORDESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2P PEMBEROOKE SQUARE, SUITE 10.0 DANIEL MEREDITH HOWELL M.D. HIGHWAY 301 SOUTH WALDORF,

20602

MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-31	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	THE HOSPITAL OR ATTEN	THE FUNERAL DIRECTOR: be filed within 72 hours after	MPORTANT: If Item 28 i

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		IENTAL HYGIEN		90 27102
	1. DECEDENT'S NAME (First, Middle, Last)		02111111	JA12 01 D		2. DATE OF DEATH		3. TIME OF DEATH
	Mollie	Luella Goi	ns			Sept.24		6 A. M
	4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
	214-44-1714	1 - M 2 5 F	56 YAS.	5 7 H	DURS MIN.	(Month, Day, Year) 4-17-19		renn.
	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN OR I	OCATION OF DEA		9c. COUNTY	
OR	1031 St. Mic	chaels Rd.		Mt. A	irv		Howa	rd
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	40a CITY	TOWN OR LOCATION				10d. INSIDE CITY
IRE		oward		. Airy				LIMITS?
	10e, STREET AND NUMBER	Owald	Pic		P CODE		10g. CITIZEN	OF WHAT COUNTRY?
RA	1031 St. Mich	aels Road			21771		U.S	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECEN	DENT OF HISPANI	C ORIGIN? (Specify Yea	or No.— 14.	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			y Cuban, Maxican NO Specify:	, Puerto Rican, etc.)		Black, White, atc.
ВУ	3 Widowed 4 Divorced			10				White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during most o retired.)	f working	16b. KIND OF BUS	BINESS/INDUST	RY
Ä	Elementary/Secondary (0-12) 6 Yrs.	College (1-4 or 5+) None		sewife				
)ME	17. FATHER'S NAME (First, Middle, Lest)	None	HOUL		MOTHER'S NAME	NE (First, Middle, Maiden	Cum a mal	
		hot t				y Gibson	Surname)	
BE	Mack Burc 19a. INFORMANT'S NAME (Type/Print)	HELL	19b, MAILING A	DDRESS (Street end	Number or Rural R	oute Number, City or Tow	n, State. Zip Cod	le)
2	Clifford Goi	ns				d.,Mt. A		
	20a. METHOD OF DISPOSITION	200	PLACE OF DISPOSIT				CATION — City	
	1 M Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	bson		Sne	edvil.	le,Tenn.
	21. SIGNATURE OF FUNERAL SERVICE LI	- 1 Comes	1		ADDRESS OF FAC	ILITY		
	6 harts	A Turnes	•			ier Fune ield, MD		
	23. PART I. Enter the diseases, or			t enter the mode				
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on e						Interval Between Onset and Deeth
	disease or condition resulting in death)	. 6	ande.	0	read			
	Tosulang in dealing	DUE TO (OR AS /	CONSEQUENCE DF):		- 4	,		
Z	Sequentially list conditions,	b. /9	ulmo	my	elle	Jarley		
E E	if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR ACE A	CONSEQUENCE OF):	1//		2- 1.		
FIC.	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF:	u He	-	y much		
CERTIFICATION	resulting in deeth) LAST							!
CE		d						
AL	PART II. Other algnificent condition		de.	the underlying o	ause given in I	Part 1. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20		Julumos	· ·			1 TYES 2	. □ NO	OF DEATH?
ME								1 YES 2 NO
N.								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E DF DEATN (Che	ck only one)		
IYS	1 VES 2 NO	1 Inpetient 2 ER/Out		Nursing Home				
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		7 2 ND	28d. DESCRIBE HOW I	NJURY OCCUR	EO
5	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — A1 home, farm, str		2	28f. LOCATION (Street	and Number or F	Tural Route Number,
COMPLETED	4 Nomicide 6 Could not be determined	building, atc. (Spe-	clfy)		ŀ	City or Town, State)		
9	29a. CENTIFIER 1 CENTIFYING PNYS	BICIAN: To the best of my know	riados, deuth occurred	at the time date or	d place, and due	to the cause(s) and ma	nner se steled	
NA C	(Oraca oray	ER: On the bala of examination						ruse(a) end manner ea stated.
	29b, SIGNATURE AND TITLE OF CERTIFIE		820		9c. LICENSE NUM			GNED (Month, Day, Year)
BE	70	nua	-			499	1 9/	24/50
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	Print)	1.)		/	- //
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
1	SEP 24 '90	Lulia Davi	don-Randel	2.				

Julia Savidon Randelle

DNMN-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burlai-tre be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlai, cremation, or removal. IMPORTABLE II filem 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

GEORGE

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SEP 2 1 90

WATHEN

	FOR_	STATE OF M	ARYLAND /	DEPAR	TMFNI	OF H	FAITH	ΔΝΠ Ι	MENTAI	HYGIEN	F	00	0.77.1.0.0
	1 - STATE REGISTRAR	0.000			ICATE					REG. NO.	_	90	27103
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	IA.	YEAR	3. TIME OF DEATH
	CORA	CORNELIA				Gra	У						90 5:54P M
	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER			OF BIRTH		a. BIRTH	HPLACE (State or Foreign
	212-66-6434	1 🗆 M 2 💢 🤾 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB	. 22,	1910		
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DE				NTY OF D	
5	Physicians Memo	rial Ho	spital		Т.	aP1	ata				Ch	ar1e	
5	RESIDENCE OF DECEDENT		opitui								1 0110	ar re	
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN C		ION					!	10d. INSIDE CITY LIMITS?
		HARLES		Р	ISGA	H							1 TYES 2 XXNO
FUNERAL	10a. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
띨	BOX 79QQQ						20	640			U	NITE	D STATES
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARE		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN	1? (Specify Yes	or No-	14. RACI	E — American Indien, k, White, atc.
BY F	1 Never Merried 2 Merried	IF YES, GIVE W				1 YES	2 X X 10	Specify	y:	Rican, atc.)		Spec	
		<u> </u>											DLAOK
E	15. DECEDENT'S EDU (Specify only highest grade		16e. DEC	VE kind of	Work done se retired.)	during mo	on st of workin	g	16b	. KIND OF BUS	SINESS/IN	DUSTRY	
ا تا	Elementary/Secondary (0-12) 7TH	NONE)		WIFE					PRIVA	TE		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	NONE	п	OUSE	MILE	-	40 14071	450 to 114	145 (First	Middle, Meiden			
	WILLIAM JOHN SWA	NN								MMONS		N	
8	19e. INFORMANT'S NAME (Type/Print)	1414	1 400			2 (2)				ber, City or Tow			-
2	AGNES JOHNSON									D, MAR			0616
· I			20b. PLACE (1011				own, State
	20a_METHOD OF DISPOSITION 2 A Burlet 2 Cremetion 3 Rem	oval from State	other pla	tecn	T. C		21	,	ERY				MARYLAND
	4 Donation 5 Other (Specify)	CENSEE /	* ()	1			ID ADDRE				OHIL	,	- I DINCE DE LA CONTROL DE LA
	Ludia Co	mounte	F Joh	Iso	V								
	LYDIA C.	THORNTON	JOHNSON		Т	HORN	TON'	S FU	NERA	L HOME	, PO	MONK	EY, MARYLANI
	23. PART I. Enter the diseases, or a shock, or heart failure.				not antar	tha mo	da of dy	ing, suc	h aa can	diac or reap	iratory st	ibet.	Approximata Interval Between
	IMMEDIATE CAUSE (Final	\ \ \ \	se on auch ima.	6	0	.)	-0			0		}	Onset and Death
	disease or condition resulting in death)	Mar	ravie	10	-1-	1	W	w	11.5	Lin	tu		
		DUE TO	OR AS A CONSEC	ENCE C	F):		0.		1),			
Z	Sequentially list conditions,		acre	77	N	00			20	~ '			
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEC	OUENCE C	F):								
2	CAUSE (Disease or Injury	C	100 to 1 000000	VIEWOE O	-								
盲	that initiated events resulting in death) LAST	DOE TO	(OR AS A CONSEC	DUENCE C	r):								i
E I		d											<u> </u>
T. 1	PART II. Other significant condition	na contributing to	death but not r	eaulting	In the u	nderlyln	g cause	given in	Part 1.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
2										PERFOI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
B		_									Ma	-	DF DEATH?
2									_				1 120 1 110
M	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (C)	neck only o	ne)			
200	EXAMINER?	HOSPITAL:	FB/Outpatient 3	DE DOL	OTHE			neldence	6 Oth	er (Specific)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	WE OF	28c. IN.	URY AT			SCRIBE HOW	INJURY O	CURED	
	1) Natural 5 Pending Investigation	(Month, D	lay, Year)	IN	JURY M		YES 2 [NO					
ВУ	2 Decident		F INJURY — At ho	me, farm,	street, fac	tory, offic	0			CATION (Street		er or Rural	Route Number,
TEC	4 Homicide 8 Could not be determined	building,	etc. (Specify)						City	or Town, State	,		
LE	29e. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledge de	ath occur	red at the	time, date	and place	and de	to the ce	use(e) and me	nner as =	ated.	
COMPLETED	TOTAL OTHY												(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF GERFIFIE							ENSE NU					
BE	CANA TO	no lett	ww	\mathcal{I})						▶ C	TE SIGNE	Morth, Pay, Year)
_		1-11-11		_	1		D-20	1679	9		1	1 1	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. ABGISTRAN'S SIGNATURE RANDER

M.D.

DHMH-16 Rev 1/89

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Pembrooke Square, Suite 10 Highway 301 South Waldorf.

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NON	A Af	- 50
TE	6	28
A A	IIRE	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours affer death. Page 6 may be retained by the hosp	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by several actions of the funeral director, page 5 should be detached by the control of the funeral death with the State period period hand Hydine prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	5
P.	5	E
본	THE	0
2	22	3

	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL	HYGIEN	_	90	27104
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE C				3. TIME OF DEATN
ţ	MABEL MAR	RIE	(GRAVA	TT				MONTH 09	10))	90	8:30AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTN			PLACE (State or Foreign
	577-14-3452	1 M 2 TF	83	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		Countr	"
	9a. FACILITY NAME (If not institution, give st	41	0.0		ah CITY	TOMBLO	R LOCATIO	W OF DE	11/0	1/06	9c. COUN		nington, DC
m	THE COURT OF ACT OF THE COURT O		CENTED						AIN		- 7.		
IOH IOH	PRINCE GEORGE'S	HUSPITAL	CENTER			CHEV	ERLY				PR	INCE	GEORGE'S
DIRECT	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
E	MARYLAND Princ	e George	l a	77		4 1	1					- 1	LIMITS?
	10e. STREET AND NUMBER	e George	. 5	TOUT	rersi		ZIP CODE				100 CITI	ZEN OF Y	THAT COUNTRY?
FUNERAL						""			_		log. or i	LLIV OF V	
빌	6515 41st Avenue					\perp		0782			-	S.A.	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2 T		1	yee, spe	ecity Cuber	, Mexicar	n, Puerto Ri	(Specify Yealcan, atc.)	or No-		- American Indian, c, White, atc.
B	3 ▼ Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES 22		1	☐ YES	2 TNO	Specify			i	Speci	
٥	**		11 1780 A						Lini				White
ш	15. DECEDENT'S EDUC (Specify only highest grade		(6	ECEDENT'S Sive kind of a b. Do NOT us	work done o	during mo	IN st of working	g	16b.	KIND OF BUS	SINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 i	+)										
COMPL	11		Sa	les I	erso	n					cht D	ept.	Store
8	17. FATHER'S NAME (First, Middle, Last)									iddle, Malden			
BE	Harry C. Johnson						Li	llia	an Mc	Laugh:	lin		
0	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow			
-	Shirley G. Hinds		1	318 F	Ray R	oad	, W.	Hyat	tsvi	11e, 1	Mary1	and	20782
- 1	20a. METHDO OF DISPOSITION	Atrom State	200 PCACE	OF DISPO	SITION (Na	me of cer	netery, crem	etory or		20c. LO	CATION —	City or To	wn, State
	1X Buriel 2 Committee 1 Percent 4 Donation 1 Donation 1 Other (Special)		- Ce/d	ar Hi						Su	itlan	d. N	laryland
	21. SIGNATURE OF FUNERAL SERVICE LTC	ENSEM /	//				D ADDRES					-	
	1 × /48. 4 /-	11,50	1		Fr	anci	Ls Ga	sch'	s So	ns Fu	neral	Hon	ne, PA
-	23. PART I. Enter the disasses, Dr o	1 20	wen	anth Do									MD 20781
- 1	mock, pr hasrt fallure.				ior enter	tria mo	da oi dyi	ng, suci	ii sa cerd	ac or resp	natory sri	wet,	Interval Between
- 1	IMMEDIATE CAUSE (Finel	0-		_ 0.	4		-		4 - 4				Onset and Death
	disease or condition resulting in dasth)	a. KE	SPIRA ONSE	TORY	F	116	urce	, 1	104	16			2HRS
			SPIRA					,					2 HRS
8	Sequentially list conditions,	0	(OR AS A CONSE										211/03
F	If any, leading to immediate cause. Enter UNDERLYING		•			1-	FP	ALIA					j
<u> </u>				11//	INL		0/	0 //4					1
區	CAUSE (Disease or Injury	c. DUE TO	4RGE	OUENCE O	F):								
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIF	that initiated events	d.	(OR AS A CONSE	OUENCE O	F):								
ا پ	that initiated events resulting in death) LAST	d	death but not	resulting	In the ur	nderlyin			Part I.	24a. WAS AN		248	WERE AUTOPSY FINDINGS
ا پ	that initiated events resulting in death) LAST	d	death but not	resulting	In the ur	nderlyin			Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	248	AMILABLE PRIOR TO COMPLETION OF CAUSE
ا پ	that initiated events resulting in death) LAST	d	death but not	resulting	In the ur	nderlyin			Part I.	PERFO	RMED?	248	AVAILABLE PRIOR TO
ا پ	that initiated events resulting in death) LAST	d	death but not	resulting	In the ur	nderlyin			Part I.	PERFO	RMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ا پ	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL	d	death but not	resulting	In the ur	nderlyin	g ceuse ç	given in	Part I.	PERFOI	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ا پ	PART II. Other significant condition GASTRO INTES	d. contributing to	death but not	resulting RRIF	In the ur	26. PIR:	g ceuse ç	given in	eck only on	PERFOI	RMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ا پ	PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL: 1 Pinpatient 2 [26a. DATE OF	e death but not	resulting RRIF	OTHER	26. Pl	g couse of	given in	eck only on	PERFOI	RMED? ≥ (∭) NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 6 Pending	d. Secontributing to TINAL /	e death but not	resulting RRIF	In the ur	26, Pi R: sing Non 26c. IN.	g ceuse ç	given in	eck only on	PERFOI 1 YES 2	RMED? ≥ (∭) NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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D BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 6 Pending	HOSPITAL: 1 Pinpatient 2 26a. DATE OF	death but not	resulting RRIF	OTHEI	26. PR: sing Non 26c. IN. WC	g ceuse (LACE OF D LACE OF D TO S Re FURY AT DRK?	given in	eck only one 6 Other 28d. DES	PERFOI 1 YES 2 e) (Specify) CRIBE NOW	RMED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Pinpetent 2 26a. DATE Of Morth, L 28a. PLACE C building.	ER/Outpatient FINJURY ay, Year) OF INJURY — At h., etc. (Specify)	resulting RRIF 3 DOA 26b. Till inome, farm,	OTHER 4 Nur	26. PR: 26c. IN. WC 1	G COUSE (LACE OF D TO 5 Re TURY AT THE C THE COUSE THE	EATN (Choreldence	eck only one © Other 26d. DES 26f. LOCI City of	PERFOI 1 YES 2 (Specify) (Specify) CRIBE NOW ATION (Street or Town, State,	INJURY OCI	or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
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E COMPLETED	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Pinpatient 2 28a. DATE Of building. CCIAN: To the bast of a	ER/Outpatient FINJURY Def, Veer) OF INJURY — At h. etc. (Specify) If my knowledge, d. examination and/or	resulting RRIF 3 DOA 26b. Tili IN some, farm,	OTHEL 4 Nur NE OF JURY M street, fact	26. Pi R: sing Non 26c. IN, 1 tory, office	g ceuse g LACE OF D 10 5 Re 10 F D	EATN (Choreldence NO	eck only one 6 Other 26d. DES 28f. LOCI City of to the cau time, data	PERFOI 1 YES 2 9) (Specify) CRIBE NOW ATION (Street or Fown, State) eo(a) and ma and place, as	INJURY OCI	cured or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Properties 1 Proper	ER/Outpatient FINJURY — At h. etc. (Specify) If my knowledge, descemination and/or	resulting RRIF 3 DOA 26b. Tih IN come, farm,	OTHER 4 Nur ME OF JURY M street, factor, in my of a Print)	26. Pi R: sing Non 26c. IN, 1 tory, office	g ceuse g LACE OF D 10 5 Re 10 F D	EATN (Choreldence NO	eck only one 6 Other 26d. DES 28f. LOCI City of to the cau time, data	PERFOI 1 YES 2 9) (Specify) CRIBE NOW ATION (Street or Fown, State) eo(a) and ma and place, as	INJURY OCI	cured or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other significant condition GASTRO INTES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Properties 1 Proper	ER/Outpatient FINJURY Def, Veer) OF INJURY — At h. etc. (Specify) If my knowledge, d. examination and/or	resulting RRIF 3 DOA 26b. Tih IN come, farm,	OTHER 4 Nur ME OF JURY M street, factor, in my of a Print)	26. Pi R: sing Non 26c. IN, 1 tory, office	g ceuse g LACE OF D 10 5 Re 10 F D	EATN (Choreldence NO	eck only one 6 Other 26d. DES 28f. LOCI City of to the cau time, data	PERFOI 1 YES 2 9) (Specify) CRIBE NOW ATION (Street or Fown, State) eo(a) and ma and place, as	INJURY OCI	cured or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and menner as stated.

DNMN-16 Rev 1/89



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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 90 Eurcelyn Cathera Griffin 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS MIH. 1 - M 2 F 337-12-7066 74 YRS 11/01/15 Tollette, 96. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE 5903 33 1 33 DIRECTOR IATTSVILLE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY HYATTSYILLE GEORGE 1 YES 2 NO 101. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 5903 -transit 20782 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. the burial-t FORCES? 1 YES 2 If yes, specify Suben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comp. ĮQ. Elementary/Secondary (0-12) College (1-4 or 5+) 12 detached 4 School Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Andrew T. Alexander Johanna Tollette 2 Ħ BE pinous notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Jacquelyn C. Jackson 5903 33rd Avenue, Hyattsville, Maryland 20782 director, page 5 : pe 20s, METHOD OF DISPOSITION 1 December 2 - Communication 20th. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 Donation Mt. Olivet Cemetery Washington, DC ecify)_ 22. NAME AND ADDRESS OF FACILITY examiner funeral Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781 n by the fremoval. medical filled in by t ter the diaeases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate ick, or heart failure. List only one cause on each line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Fine) completely filled irial, cremation, o event, the disease pr condition INFARCTION minutes resulting in death) TERIOSCIEROTIC CARDIDIASCULAR DISEASE and com o burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) attending physician a ntal Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST 10 the atten Mental F any Injury, PART II. Other significant conditions contributing to deeth but not reautiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO CHRONK RENAL COMPLETION OF CAUSE OF DEATH? Hypentausion 1 YES 2 NO been it. of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) tem After this certificate I death with the State HOSPITAL OTHER: OTHER: 4 □ Nursing Home 5 ☑ Residence 8 □ Other (Specify) tient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked. With, Day, Vegar) 1 Natural 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ATTENDING 3 Sulcide .00 ETED 6 Could not be determined L DIRECTOR: A hours after d 4 Homicide 28 Item HOSPITAL OR COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the besie of my opinion, death occured at the time, date and place, and due to the cause(e) end manner ee stated. 20c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Do Exam 9

WSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE lia Davidson Randelle

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Oversbury Rd Hyatisu,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

SFP 1 4 90

TO BE COMPLETED BY FUNERAL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit per ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sectors after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIEN REG. NO.	90	27106
-	1. DECEOENT'S NAME (First, Middle, Last)		11 44	/ KINI		2. DATE OF DEATH	Y . O O YE	3. TIME OF DEATH
chi.	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (1	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	,1990	BIRTHPLACE (State or Foreign
4	The state of the s	1 M 2 F	41 -1	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	4 0	W YORK
1	9e. FACILITY NAME (If not institution, give stre		0	b. CITY, TOWN C	R LOCATION OF DE	ATH.	9c. COUNTY	
TOR	ANNE ARUNDEL M	EDICAL CEN	TER	ANNAP	OLIS		ANNE	ARUNDEL
DIRECTOR	100. STATE 10b. COUNTY ANNE	ARUNDEL		NAPOLI				10d. INSIDE CITY LIMITS? 1 FYES 2 NO
¥	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	710 AMERICANAI				21403		USA	
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yee, sp	ciff Cuban, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 U YES	2 NO Specify			SpecificHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATIO	IN at of working	16b. KIND OF BUS	SINESS/INDUST	RY
<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)		rk done during mo retired.)	at or working	- DRUGA	m 7: 0 1:	
COMPLETED		5+	PROFESS	OUR		EDUCA		
	17. FATHER'S NAME (First, Middle, Lest) CHARLES M HAWI	CINS			18. MOTHER'S NA MARY	ME (First, Middle, Malden	Surname) RDON	
BE	19e. INFORMANT'S NAME (Type/Print)	IIIO	10h MAILING A	DDBESS (Street a		Route Number, City or Tow		(6)
임	DOROTHY O HAWKI	INS				NNAPOLIS		
	200. METHOD OF DISPOSITION	20b	. PLACE OF DISPOSIT				CATION — City	
	1 Burial 2 Cremation 3 Remo	Val from State	METROPOL				EX. V	Α.
	2 BIOMATURE OF FUNERAL SERVICE LICE	Marie V.		22. MAMEYA	DORRESE OF IN	TRAL CHA	PEL	
	Hairly A	. In In		ANN.	APOLIS,	MD. 214	ol	
	23. PART I. Enter the diseeses, or co			t enter the mo	de of dying, suc	h es cerdiec or reep	ratory erreet.	Approximete Interval Between
	shock, or heart fellure. L	let only one ceuse on e	ecn line.					Onset and Desth
	disease or condition resulting in deeth)	MULTIP	LE M	YELON	AA			6 YEARS
		DUE TO (OR AS A	CONSEQUENCE OF)					
S	Sequentially list conditions,	OHE TO JOB AS A	CONSEQUENCE OF)					
AT	if eny, leading to immediate cause. Enter UNDERLYING		TOTALOULINGE OF	•				İ
띮	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF)	:				
CERTIFICATION	resulting in death) LAST	J,						
2	PART II. Other significent conditions	s contributing to deeth b	out not resulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	OSTEOMYE	ELITIS				PERFO	4. 4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							7	OF DEATH? 1 ☐ YES 2 ☐ NO
2 2						_		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)		
Si	1 U YES 2 NO	1 Inpatient 2 ER/Out		OTHER: 4 - Nursing Hon	ne 6 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY W	JURY AT DRK?	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
B≼	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	r — At nome, tarm, at	reet, tectory, one	:0	281. LOCATION (Street City or Town, State	end Number or I	Purei Pioure Number,
	29e. CERTIFIER						10.	
COMPLETED	(Check only	CIAN: To the best of my know R: On the besie of examination						euse(s) end menner ee stated.
BEC	2011 SIGNATURE AND TITLE OF CERTIFIES	1 1 1 5			29c. LICENSE NU	MBER	29d. DATE S	IGNEO (Month, Day, Year)
TO B	Murles W Ku	nzer, M.I),		D 5	948	15E	PT 16, 1990
F	30. NAME AND ADDRESS OF PERSON, WHO	KINZER			OREST D	R. ANNA	POLIS	MD 21401
	SEP 17 1990 Sulia	32. REGISTRAR'S SIGN						
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	i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR 3.	. TIME OF D	EATH
		JOSEPHINE RO								Ser	ot. 17	7, 19	90) M
P		4. SOCIAL SECURITY NUMBER	5. SEX		in yrs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH		Country)	ACE (State o	
		3217-30-3481 39s. FACILITY NAME (If not institution, give si	A	9]	L THS.	9h CIT	Y, TOWN O	R LOCATIO	ON OF DE		.24,18		Mary	yland	1
3 sho	H.	Anne Arundel Mi		Cant	rar		-	nap						runde	<u>.</u>]
1, 2,	5	RESIDENCE OF DECEDENT		oen.		TOWN.	OR LOCAT		02.2.					Od. INSIDE C	
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permit. Pages	- 1	Maryland Ann	Arund	eT.		AHH		ZIP CODE				10g. CITIZ		AT COUNTRY	
萝	FUNERAL	822 Chesapeak	Avenu	е				214	0.3			U.	S.A	•	
physician. burial-transit	E I	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN	IT EVER II		13.					N? (Specify Yes Rican, etc.)	or No—	14. RACE - Black, V	- American I White, etc.	ndien,
ending ph as the bu	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR D	ATES		1 YES	2 NO	Specify	y:			Specify:	ite	
r attending use as the	ETED	15, DECEDENT'S EDU (Specify only highest grade	CATION		18a, DECEDENT'S	USUAL (CCUPATIO	ON et of workin		161	b. KIND OF BU	SINESS/IND			
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the hospital of detached for once.	COMPL	7 17. FATHER'S NAME (First, Middle, Lest)			Hon	nema	ker	10 14077	APPRO NA	ME (Fine	Hol Middle, Maiden				
3 2 4	- 1	Thomas Chane	v							Bro		Surname)			
retained to 5 should notified) BE	19s. INFORMANT'S NAME (Type/Print)	7		19b. MAILIN	3 ADDRES	S (Street a				nber, City or Tow	m, Stata, Zip	Code)		
2 0	유	Julia Parnell		-						enu	e, An				1403
\$ a 4		20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	oval from Stats	20t	other place)			,				CATION — C			
Page 6 Il directo		4 Donation 5 Other (Specify)	ENTER D	-	Cedar		ff (An	napo	lis,	MD	
ter death. Page 6 m the funeral director, wal.		· Volkey	Tous	Kon							l Chaj			2140	
\$ ≥ E 3		23.PART I. Enter the diseases, or o shock, or wort fellure.	complications the			not ente	147 r the mo	G] o	II C.e.	h as car	r St	Iratory arm	apal	Approx	
		IMMEDIATE CAUSE (Final	List only offe ce	use on e	ech line.										Between
within 24 h pletely fille cremation, rent, the		disease or condition resulting in death)	. YN	EUM	MINO									14 J	A45
			OUE TO	OR AS	A CONSEQUENCE	OF):									
and and bur	NO.	Sequentially list conditions,	bDUE TO	OR AS	A CONSEQUENCE	OF):								+	
ysician prior t	CAT	If eny, leading to immediate cause. Enter UNDERLYING	c.												
nding phy Hygiene p	ERTIFICATION	CAUSE (Disease or injury thet initieted eventa resulting in death) LAST	DUE TO	OR AS	A CONSEQUENCE	PF):									
- H BH B	CER	Testing III death) Exci	d											1	
_ 28 E	CAL	PART II. Other algorificent condition	_	deeth t	out not resulting	in the u	inderlying	g cause	given in	Part I.	24a, WAS AN PERFO	RMED?		VERE AUTOPS WAILABLE PR	OT RO
5 8 E 6	Dig		NONE							_	1 TYES	NO	0	OMPLETION OF DEATH?	
he law requires that has been signed I bept. of Health an 23 shows any	: MED												1	YES 2	□ NO
The law requires the has been sign at Eppt. of Heat em 23 shows	SICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF O	EATH (C)	neck only o	one)				
CIAN: The state he State or Item	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out	patient 3 DOA	OTHE		10 5 🗆 R	esidence	6 🗆 Oth	ner (Specify)				
PHYSICIAN: The land this certificate has with the State Deprived, or Item 23	FH	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF		DRK?		28d. DI	ESCRIBE HOW	INJURY OCC	URED		
	B≺	2 Accident Investigation	26a PLACE	OF INCHIEN	Y — At home, farm	M street fo		YE\$ 2 [NO	264 1.0	CATION (Street	and Number	or Burni Bo	uto Number	
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.	8	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Spe	city)	, struct, 10	ciory, onic	•			y or Town, State		or nurar not	ste Humber,	
SUL OUR	LET	29s. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knov	viedge, death occu	red at the	time, data	and place	, and due	to the c	suse(s) and me	nner as stat	ed,		
SPITAL IERAL III 72	COMPL	(Check only one) 2 MEDICAL EXAMINE												and menner	ss stated.
IE HOS Mith MATAN	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R T	,				29c. LIC	ENSE NU	MBER	/	29d. DATI	SIGNED (Month, Day, Y	bar)
TO THE HOSPITAL (TO THE FUNERAL E Be filed within 72 h IMPORTANT: If II	8	14box So	out ca	en	MO			Do	30	701	<u> </u>	1	1/19	190	
	-	30. NAME AND ADDRESS OF PERSON WE		USE OF DI			g e 7	Α	A 10.		\ m = = =	-14-	1/10	274	\ 7
		Scott Eden, N 31. DATE FILED (Month, Day, Ybar)		AR'S SIGI		ита	дету	AV	enu	e , 1	Innapo	OLLS	MD	214() T
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	3 ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the

	1, DECEDENT'S NAME (First, Middle,			Laws	on		Han	ke.	T	2. DATE O	DA	Υ	YEAR	3. TIME OF	
	4. SOCIAL SECURITY NUMBER	ger 5. se	v T		s. last birthday)	IF UNDER		ks ,		9-1	8-90		a BIOTH	2:00 PLACE (State	
	419-12-0573		M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 28,1	022	Country		
	9a. FACILITY NAME (If not institution	n, give street and	d number)			9b. CITY	r, TOWN O	R LOCATI	ON OF DE		, 20, 1	9c. COUN	TY OF DE	EATH	
DR	Gems Mailing	Facto	ry									How	ard (Count	У
ST.	RESIDENCE OF DECEDER	COUNTY			10c CIT	Y. TOWN C	OR LOCATI	ON	-				1	10d. INSIDI	E CITY
DIRECTOR			٨ ١	ian n	100.01	,	nap							LIMITS 1 YES	3?
	Maryland 100. STREET AND NUMBER	Anne	<u>a runo</u>	61		74.11		ZIP COD				10g. CITIZ	ZEN OF W	HAT COUNT	
FUNERAL	2576 Glen Co	ove						21	401				U.S	.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. W	AS DECEDENT ORCES? 1			13.	WAS DECE	ENDENT C	OF HISPAN	IC ORIGIN? n, Puerto Ri	(Specify Yea can, etc.)	or No-	14. RACE Black	- America , White, atc.	n Indian,
ВУ	3 Widowed 4 Divorced	IF.	YES, GIVE W	AR OR DATES	3		1 YES	2 X NO	Specify	r:		ŀ	Whi		
ED	15. DECEDENT (Specify only highes				a. DECEDENT'S	USUAL O	CCUPATIO	IN at an archi	20	16b.	KIND OF BUS	INESS/IND		0.0	
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COMPL		4			Exec	utiv	r e				extil		nuf	actu	ring
	17. FATHER'S NAME (First, Middle, L. Roger Lawson		e. Si	12							iddle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Prin				19b. MAJLING	ADDRESS	S (Street as			Brov	√ N w, City or Town	n, State, Zio	Code)		
2	Willie B. Ha	anks									olis,			01	
	20a. METHOD OF DISPOSITION 1 Duries 2-5 Cremetion 3		om State	20b. PL	ACE OF DISPO		_					CATION			
	4 Donation 6 Other (Spicit	M /	1		ropol						Ale	xand	lria	, VA	
	21. SIGNATURE OF FUTERAL SEEN	VICE LICENBER	Pays	0			NAME AN				Chap	el	2	1401	
	Jeffly.	8.1	rugi	201							St.				
	IMMEDIATE CAUSE (Final disease or condition			Monox						ii aa caioi	ac or raapi	,	451 ,		
TIFICATION			Carbon DUE TO	MONOX (OR AS A CO	CIGO IN CONSEQUENCE CONSEQUENC	ntoxi ng: ng:					ac of faspi		wot,	inter	
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	8	Carbon DUE TO DUE TO	MONOX (OR AS A COI	CIDE IT	ntoxi ng: ng:	lcati	on_						Inter	et and Das
AL C	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	8	Carbon DUE TO DUE TO	MONOX (OR AS A COI	CIDE IT	ntoxi ng: ng:	lcati	on_			24a. WAS AN PERFOR	AUTOPSY MED?		inter Onse	ot and Dea
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AL C	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	s b c d	DUE TO DUE TO DUE TO Atributing to	MONOX (OR AS A COI (OR AS A COI death but r	xide Ir	ntoxi ng: ng:	Cati nderlying 26. PL	cause	given in		24a. WAS AN PERFOR	AUTOPSY IMED?	24b	WERE AUTO AMAILABLE COMPLETION OF DEATHY	et and Dae DPSY FINDING PRIOR TO DN OF CAUSE
AL C	Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	s b c d	DUE TO DUE TO DUE TO Atributing to	MONOX (OR AS A CO) (OR AS A CO) death but r	cide Ir	OTHE	nderlying 26. PL	g cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MMED?	24b vehi	WERE AUTO AMAILABLE COMPLETION OF DEATHY	OPSY FINDING PRIOR TO DO OF CAUSE
AL C	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	b c d	DUE TO DUE TO DUE TO DUE TO Attributing to	MONOX (OR AS A COI (OR AS A COI death but r	CIDE IT	OTHE	nderlying 26. PL FR: Iraling Hom 28. INJ	g cause	given in	Part I. Beck only one 8 (Xother 28d, DES: Subj	24a. WAS AN PERFOR	AUTOPSY IMED? In No	24b Vehi CURED	WERE AUTO ANALIZATION OF DEATHY	ON OF CAUSE
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FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

Kubu 4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

Washington County Hospital

214-09-5075

31. DATE FILED (Month, Day, Year)

1 -

2,	RECTOR	Washington		y Hospital			Hag	erstown		
que?	닯	RESIDENCE OF DEC	10b. COUNT	Y		10c. CITY, 1	OWN OR LOCAT	ION		
r. Page	DIR	Maryland	Was	hington			narpsbu			
t permi	RAL	100. STREET AND NUMBER	ors La	nding Road			101	21782		
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages moval. Ical examiner must be notifiled at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 🖔 3 Widowed 4 Divo	Merried	12. WAS DECEDENT ET FORCES? 1 [] IF YES, GIVE WAR	YES 2 .	I IN U.S. ARMED 13. WAS OECENOENT OF HISPANIC ORIGIN? S 2 MO If yes, specify Cuban, Maxican, Puarto Ri				
attendii	ETED		EDENT'S EDU				RUAL OCCUPATION MO		18b	. KIND OF I
pital or ed for u	PLET	Elementery/Secondary (0		College (1-4 or 5+)		fe. Do NOT use r	etired.) - wait			clot
by the hos be detach at once.	COMPL	17. FATHER'S NAME (Flist, M Ross Borne	liddle, Last)			11 0		16. MOTHER'S NA		Middle, Maid e Cha
stould by should be notified at	TO BE	19a. INFORMANT'S NAME (A Property of the Parket of th		13			nd Number or Rural F		
y be ret age 5 s	F	Vernon B. H				same a				
ector, pa		20e METHOD OF OISPOSIT 1 Buriel 2 Cremetic 4 Donation 8 Other	on 3 🗆 Rem	noval from Stata	other	place)	on (Name of cor Cemeter	netery, crematory or		20c.
death. Page s funeral dire J.		21. SIGNATURE OF FUNERA		CENSEE			22. NAME A	D ADDRESS OF FAI ICH FUNE		
er death the fund val.		Sc	08	110h	m	neb		E. Wilson		
the death certificate be executed within 24 hours after death. Page 6 may be trained by the attending physician and completely filled in by the funeral director, page 5 should not Memai Hygiene prior to burial, cremation, or removal.	CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	nal	b	AS A CONS	EQUENCE OF):	2 mg			to e)
law requires that the is been signed by ept. of Health and 23 shows any is	PHYSICIAN: MEDICAL	PART II. Other algnification of the second o			ath but not		26. P	g cause given in		24a. WAS PERI 1 TYES
ICIAN: The ertificate he the State D or Item	YSIC	1 YES 2 NO	_	HOSPITAL:	R/Outpatient		OTHER:	e 5 🗆 Residence	6 🗆 Othe	er (Specify)
	зу РН	- 10000	Pending Investigation	28a. DATE OF IN. (Month, Day,		28b. TIME (ry wo	URY AT PRK? YES 2 NO	28d. DE	SCRIBE HO
ATTENOING ECTOR: After 's after death n 28 Is ma	TED E	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	25e. PLACE OF II building, atc	JURY — At . (Specify)	home, farm, str	et, factory, offic	•		CATION (Stri
TAL OR VAL OIR 72 hour	COMPLE	000)		SICIAN: To the best of my						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 !	BE	29b. SIGNATURE AND TITLE	or territor					29ct LICENSE NUI	WBER /	
	70	20. NAME AND ADDRESS O	FERSION WI		OF DEATH (I)	EM 271 (Type, P	E/3UE/	stol. /369	110	bud

32. REGISTRAR'S SIGNATURE

Lulia Davidson-Randell

5. SEX

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STATE OF N	MARYL					HEALTH		MEN		YGIEN	Ε .	U	2/109
Ruby .								2. 1	DATE OF E	DEATH DA	Y /	OYEAR	3. TIME OF DEATH
, SEX		'In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7.1	DATE OF B	METAL		a. BIRTH	IPLACE (State or Foreign
□ M 2 😿 F	7		YRS.	MONTHS	DAYS	HOURS	MIN.		Month, Day	8,19		Mar	yland
Hospita	al			9b. CIT		gerst		EATH			Wa.	Shin	gton
ington Sharpsburg											10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ding Roa	ad				1	0f. ZIP COD 217					10g. CIT US		WHAT COUNTRY?
2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 N		13.	If yes, s	ECENOENT specify Cub	an, Maxica	ın, Pu			or No	Spec	E — American Indian, k, Whita, etc. #y: Lte
College (1-4 or 5	+)	(Gh life.	Do NOT us	work done se retired.)	during n	nost of work			1000000	of Bus	iness/ini	DUSTRY	
					-		HER'S NA		irst, Middle	e, Maiden	Sumame)		
			MAILING			and Number	er or Rural	Route	Number, C	City or Town	n, State, Zi	p Code)	
al from Stata		other pla	of Dispo			cemetery, cre	matory or				cation -		own, Stata , Md .
ISEE (10)	in.	ne	rep	22	NAME.	AND ADDRI	FUNE	RA	L HO	ME			, Md. 21740
policationa that to only one cau		PULL		-2	r the m	1	ving, suc		- /	1	1	rest,	Approximate Interval Between Onset and Death
DUE TO	(OR AS	CONSEC	WENCE O	F):	U/								
DUE TO	(OR AS	A CONSEC	DUENCE O	F):									
contributing to	death t	out not n	esulting	In the u	nderiyl	ng cause	given in	Pari		PERFOR		241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE	R:	PLACE OF				pecify)			
28a, DATE Of (Month, E			28b, TIR	ME OF JURY M	Y	NJURY AT WORK? YES 2	□ NO	280	I. DESCRI	BE HOW I	NJURY O	CCURED	
28e. PLACE (building.	OF INJURY , atc. (Spe	f — At ho	me, farm,	street, fa	ctory, of	fice		281		N (Street I own, State)		or Rural	Route Number,
AN: To the best of a													a) and menner as stated.
/						29ct LH	CENSE NU	MBEF	/		29d, DA	S-G/	O (Month, Day, Year)
COMPLETED CAU	JSE OF DE	ATH GTE	M 271 (Type	Print)	. 7	70	110		-		7	7 .	1

DHMH-16 Rev 1/89

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OR A	DIRE	hours	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
FE	THE	Fled	
2	2	90	

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			TIME OF DEATH
ì	FRANCIS Th	nomas		HAR	RISON	. Sr	SEPT. 7	ຶ່ 1990	YEAR	1;03 P.M.m
			E (In yrs, last bir		UNDER 1 YEAR	<u> </u>	7. DATE OF BIRTH	1		CE (State or Foreign
	The second section of the second	11-2	C. 17	MC	MTHS DAYS	HOURS MIN.	(Month, Dey, Year) 11 27 2	, 1	Country)	CE (Siele or Foreign
	183-14-7886	1 XM 2 TF	0 /	YRS.			11 2/ 2	2	PA	
	9a. FACILITY NAME (If not institution, give stre	et and number)		9	b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUN	ITY OF DEATH	н
,œ	MEMORIAL HOSPIT	PΔT.			EAST	'ON		TAL	вот	1
E	RESIDENCE OF DECEDENT				AIIO 1				201	
THE I	10a. STATE 10b. COUNTY	•	1	Oc. CITY, 1	OWN OR LOC	ATION			100	I. INSIDE CITY
#	Maryland Talb	ot	_	Wv	e Mil	ls			1 [YES 2 X NO
7	10e. STREET AND NUMBER					Of, ZIP CODE		10a. CITI	ZEN OF WHAT	COUNTRY?
RA		0								
FUNERAL DIRECTOR	Route 1, Box 14					21679		US		
5		12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMEI	D			NC ORIGIN? (Specify Yes in, Puerto Rican, atc.)	or No-	14. RACE Black, WI	American Indian, hita, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES			S 2 NO Specif			Specify:	117 1250
	3 Widowed 4 Divorced	World Wa	r II						wł	nite
	15. DECEDENT'S EOUCA (Specify only highest grade of				UAL OCCUPAT	TION nost of working	16b. KINO OF BUS	SINESS/INO	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do	NOT use r	etired.)	rost or working				
4	10	THATCH SOLVE	rei	fine	ry wo	orker	oil			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Sumame)		
8						13.20	Schnaitm			
BE	Roland G. Harri	son						_		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow			
-	Phyllis L. Harr	ison	l Ri	t. 1	Box	149 Wy	e Mills,	MD	2167	79
	20a. METHOD OF DISPOSITION 9/1 CKBurlel 2 Cremetion 3 Remove	10/90	20b. PLACE OF other place	DISPOSIT	ION (Name of c	emetery, crematory or	20c. LO	CATION —	City or Town,	Stata
	1 LXBuriel 2 L Cremetion 3 L Renfor	rai from Stata			Memor	rial Par	k Eas	ton.	Mary	vland
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE			21112		AND ADDRESS OF FA		00117		,
- 1					Newr	nam Fune	ral Home			
	JOHN R.	MERCE	ROP		East	on, Mar	vland			
	23. PART I. Enter the diseases, or co	omplications that cau	sed the deatl	h. Do not	enter the m	node of dying, aud	h aa cardiac or reap	iratory an	reat,	Approximate
	ahock, or heart fellure. L	let only one cause or	^				. 1			Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	0	0	ο Δ.	. ().	· ~// 0 . W	LK .			
	resulting in death)	000	ame	Co	1 illian	our	10	_		
- 1		DUE TO (OR A	S A CONSEOU	NCE OF		4. 1.	culor o	0,	3/	
Z	D. D. D. D.	aru				nounv	cular o	1/20	ne	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	A CONSEQUE	ENCE OF):						}
8	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A CONSEQUE	ENCE OF):						
듄	resulting in death) LAST									
8	- a.									
	PART II. Other algorificant conditions	contributing to deat	h byt not ree	ulting in	the underly	ing cause given in				ERE AUTOPSY FINDINGS
MEDICAL	Dielel	teo m.	ellet	11			PERFO	_	CO	IMPLETION OF CAUSE
	al mari Ma		A 4 4 / W 4	1		went	1 U 7ES	Z LANO		OEATH?
	Chronic ob	our war	mon	Wov	70				1 (YES 2 NO
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	26. OTHER:	PLACE OF DEATH (C	heck only one)			
S		1 Inpatient 2 ER/	Outpetlant 3 🕏	DOA A		ome 5 🖺 raaldenca	8 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJU	RY :	28b. TIME INJUI	OF 28c. 1	NJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Ye	er)	INJUI		YES 2 NO				
BY	2 Accident Investigation	28e. PLACE OF INJ	URY At home	, farm, str	eet, fectory, of	fice	28f. LOCATION (Street	and Numbe	r or Rumi Rout	te Number
U	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	o, 1611111, 641	set, factory, or	1100	City or Town, State		or north north	is regram,
E										
7	29a. CERTIFIER (Check only	IAN: To the best of my k	nowledge, death	h occurred	at the time, de	ata and place, and du	a to the cause(a) and ma	nner as sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basia of axamin	ation and/or inv	restigation,	In my opinion	, death occured at th	e time, date and placa, a	nd due to t	he cause(a) ar	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NU	MDED	I and par	E BIONEO (III	and One Man
BE	290. SIGNATORE AND THE GOOD AND THE COLUMN TO THE COLUMN T	0 m c				.) 7 L	7 (~)	290. UAI	E SIGNED (M	onth, Day, Year)
10	14440	10.2	,			1025	110		9-1.	10
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, F	rint)	110		,	4. 7)
	(1.0) . / ar	ncher	50	1 1	d/es	11/0	tarto-	1	MU	
- 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	SEP 1 0 '90	Seelia to	eviden A	Books	2					
		1	A A ANDRESS de							

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E, MARYLAND 21203-3146	urs after death. Pane 6 may be retained by the humantal
BALTIMORE	after death Pane 6 m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

20	1. DECEDENT'S NAME (First, Middle,						MOI			EAR	TIME OF DEA
3	John 4. SOCIAL SECURITY NUMBER	5. SEX	Hrycek	(In yrs. last birthday)	IF UNDER 1 Y	EAN IF UNDER 24 H	_	ept 10	- //		3:30
	111-05-8444	1. M 2 []	_	74 YRS.		AYS HOURS M	M (Mo	709/16		Country)	Jerse
4	Se. FACILITY NAME (If not institution,			Т	9b. CITY, TO	OWN OR LOCATION (709/10	9c. COUNTY		
E C	Uton Homnita	l of Ceci	Cour	tv	1	Elkton M			Cec	47	
5	Wion Hoapita	OUNTY			TY, TOWN OR L				000		
DIRECTOR				17.0							d. INSIDE CIT
	10e. STREET AND NUMBER	Cecil			chesap	eake Cit			10g. CITIZEI		YES 2 T
ERA	124 St Basil	Arranisa					15		US		
FUNERAL	11. MARITAL STATUS	12. WAS DECE				DECENDENT OF H	SPANIC ORIG				American Indi
BY	1 Naver Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIV	1 TYES	ATES		es, specify Cuben, M YES 2 KNO S		o Rican, etc.)		Specify:	ucasis
	15. DECEDENT' (Specify only highes			16a. DECEDENT'S		IPATION ng most of working	1	66. KIND OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 o	or 5+)	life. Do NOT (use retired.)						
\$	UNKNOWN 17. FATHER'S NAME (First, Middle, La	2001		Carpe	nter ·	-retired		CARPI	ENTRY		
	JOHN HRYCE	•						NE KU	,		
BE	19a. INFORMANT'S NAME (Type/Print			19b. MAILIN	G ADDRESS (S	treet and Number or I				ode)	
9	BARBARA BLE	NDY		124		L AVE.				,	MD
	20a. METHOD OF DISPOSITION	Barrent from State	200			of cemetery, cremator			CATION - CIT		
	4 Donation 5 Other (Specify			ST. ROS	E OF	LIMA		CI	HESAP	EAKE	CITY
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		2	22. NAI	R.T. I		ויוווויו	יוו דעם	OME	
	Robert	1 fem	ul								
	shock, Dr heart fa	s, or complications allure. List only ons	cause on a	ach lina,		CHESA e mode of dylng.	auch aa c	E CITY	Y , MA	RYLĀ	Approxir Interval I Onset ar
ATION	shock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Coro	nary I	ach lina,	Sease 1	e mode of dying,	auch aa c	ardiac or reap	Y , MA	RYLA	Approximintarval I
ERTIFICATION	shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Coro	nary I	Heart di	Sease 1	e mode of dying,	auch aa c	E CITY	Y MA	RYLA	Approxin Interval I Onset an
L CERTIFICATION	shock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Coro. Due c. Due d.	nary I E TO (OR AS /	A CONSEQUENCE (Sease 1	e mode of dying.	MI	ardiac or reap	iratory arrea	ıt,	Approximinterval I Onset an 2 ye
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filed in by the funeral director, page 5 should be detached to the following the funeral director, page 5 should be detached to the following the funeral director to the following the funeral director to the following	be filed within 12 hours after death with the State Legit, or regular and wenter hybers prior to bound, to remove. IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND N	MENTAL HYGIEN REG. NO.	E 90	27112			
,	1. DECEDENT'S NAME (First, Middle, Last)	AROLD DONALD H	HOLLENB	AUGH		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF D	(2)	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-22-9953		M 2 □ F 64 YRS. MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State Country) MARYI.				
юR	Sa. FACILITY NAME (If not institution, give at CARROLL COUNTY GE RESIDENCE OF DECEDENT						9c. COUNTY CARRO				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND CARRO		100	Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10s. STREET AND NUMBER 3413 FARMSTEAD DR				101. ZIP CODE 21157		10g. CITIZEN USA	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE:	NO □ NO	If yes,	DECENDENT OF HISPAN specify Cuben, Mexican /ES 2 NO Specify	n, Puerto Rican, atc.)		RACE — American Indien, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	ille. Do NOT us	vork done durina	most of working	156. KIND OF BUS					
BE COM	17. FATHER'S NAME (First, Middle, Last)	EORGE GAROLD I	HOLLENB	AUGH	Acces of the Paris	ME (First, Middle, Maiden PHA LaRUE V					
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. BETTY LOU H	OLLENBAUGH	- 111		et end Number or Rural F						
	20s METHOD OF DISPOSITION 1		her place)	N MEMO	cemetery, crematory or RIAL GARDE	ns fi	CATION — CHY	, MD. 21048			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Aughting	ile	22. NAME	E ANO ADDRESS OF FAC			RAL CHAPEL MD. 21117			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that caused th List only one cause on each	ne death. Do r	not enter the	mode of dying, suci	h aa cardlac or reap	iratory arreat	Approximate Interval Between Onset and Death			
	DUE TO (DR AS A CONSEQUINCE OF)										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CO	ONSEQUENCE OF	F):							
MEDICAL	PART II. Other algolificant condition	Countibuting to death but	not reaulting	In the underi	ying cause given in	Part I. 24a. WAS AN PERFOI 1 TYES:		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH (Ch						
	1 VES 2 THO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	Home 5 Assidence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,			281. LOCATION (Street City or Town, State	end Number or	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
F			riedge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. In end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner as a								
OMPLETE	one)							euse(e) end manner es stated.			
O BE COMPLETED	(Check only 19 CENTIFYING PHYS	ER: Dn the basis of examination s				tima, date end place, e	nd due to the c	euse(e) end manner es stated. IGNED (Month, Day, Year) - 16 - 90			

WillA 32 REGISTRAT'S SIGNATURE LANDON STANDARD

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after d	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	popurate is them 30 to marked or them 23 shows any injury or other traumatic event the medical e
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARGARET HICKERNELL 09 09 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 3/22/15 BHTHOM DAYS HOURS 1 M 2 YF 245-18-6327 VDS 9e. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Hyattsville 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 6620 Stockton Lane 20781 or attending physician. Ir use as the burial-transit 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2/ NO Specify: 1 Never Married 2 Married 3 Wildowed 4 Divorced 2 NO BALLIMORE, MARYLAND 21203-3146 BY ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) by the hospital of the detached for P Crypto Analyist COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Charles J. Parnell Maude Piercy To BE notified retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace Wilson 6790 Santa Lucia, Highland MD. 20777 director, page 5 : 9 9 20b. PLACE OF DISPOSITION (Name of cometery, cramatory or death. Page 6 may must Balt.-Wash. Crematory xaminer 22. NAME AND ADDRESS OF FACILITY
Fleck Funeral Home Inc. SIGNATURE OF FUNERAL SERVICE LICENSEE 7601 Sandy Spring Rd., Laurel, after 23. PART I. Enter the diseases, or compilections that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, IMMEDIATE CAUSE (Finel disease or condition resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 13146, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING death certificate be DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. requires that the MEDICAL 1 YES 2 NO PHYSICIAN: SW. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The HOSPITAL: OTHER: 1 YES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 100 Natural 8 Pending M 1 YES 2 NO BY 2 Accident

90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR A M 90 3:20 8. RIRTHPLACE (State or Foreign N.C. 9c. COUNTY OF DEATH PRINCE GEORGE'S 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Dept. Of Defense 20c. LOCATION — City or Town, State Laurel, Maryland 20707 Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.

7414

29c. LICENSE NUMBER

afor wo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

toor, m.D. 6201 Green best Rd Culling PK amcoomair

2 MEDICAL EXAMINER: On the beste of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner es stated.

CERTIFICATE OF DEATH

SEP 1 3 90

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be determined

3 Suicide

4 Homicide

ETED

COMPL

BE

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MPORTANT: If

8.9.8

FOR STATE REGISTRAR

32. REGISTRAR'S SIGNATURE

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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DIVISION OF WINDE MECCHEGO, 1.C. DOX 10150,	OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYI		RTMENT FICATE				HYGIENE REG. NO.	90	27114
	1. DECEDENT'S NAME (First, Middle, Last) MARUK. 4	refolas	-1.				2. DATE OF MONTH	DEATH DAY	19	3. TIME OF DEATH
,	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthde)	MONTHS		UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH ley Year)		IRTHPLACE (State or Foreign ountry)
	FACILITY NAME (If not institution, give str	reet and number)	07 THS.		TOWN OR LO	OÇATION OF DE	EATH	8-01	COUNTY C	DF DEATH
TOR	Potomac Valley	Nursing	Center	Roc	cku	1/e,	mo	C	Mon	toomery
DIRECTOR	MD too. STATE MONTY	gomery	10c. CITY, TOWN OR LOCATION Rockville						10d. INSIDE POLITION LIMITS?	
FUNERAL	100. STREET AND NUMBER 1235 Potomac Val	lley Road			10f. ZIP	850		10	g. CITIZEN (US	of what country?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 NO	lf.		ENT OF HISPAI Cution, Mexica NO Specifi	in, Puerto Rici			RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	Ille. Do NOT	of work done du use retired.)	uring most of	working	16b. K	INO OF BUSINE	SS/INOUSTF	RY
OMP	0-8 17. FATHER'S NAME (First, Middle, Last)		Нс	omemak		. MOTHER'S NA	ME (First, Mid	dle, Maiden Sum	name)	
BEC	John Kennedy 190. INFORMANT'S NAME (Typo/Print)		1			Marga				
٩	Patricia Woodruf	f				Number or Rural Field l				
	20s. METHOD OF DISPOSITION 1 Dispuriel 2 Cremation 3 Remo	oval from State	0b. PLACE OF DISF	POSITION (Nem	ne of cemeter	ry, crematory or				or Town, State
	4 Donation 6 Dother (Specify)	ENSEF	Georget			Med. So		Was	hingt	on, D. C.
a de la companya de l	. Learly	Mr. Col	747	7 I	Rober	t G. Ma	ason F	uneral	Home	, Inc. ash., DC20020
3	23. PART I. Enter the diseases, or c	complications that cause	ed the death D					A Comment		1 A
	shock, or heart failure. I			o not enter t	the mode (of dying, suc	ch aa cardia	c or respirate	ory arrest,	Approximate Interval Between
1112	shock, or heart fallure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each lina.	o not enter t	the mode (of dying, suc	ch as cardia	c or respirate	ory arrest,	
Stem, ure mean	shock, or heart failure. I IMMEDIATE CAUSE (Final	Severe St	each lina. TOKE A CONSEQUENCE	OF):	the mode (of dying, suc	ch as cardia	c or respirate	ory arrest,	Interval Between
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CATION	shock, or heart feilure. In immediate cause. Enter UNDERLYING	Severe St DUE TO (OR AS High Block OUE TO (OR AS C. Cerebral	each lina. Troke A consequence Od Press A consequence Hemorrh	or: ure or: age	the mode of	of dying, suc	h aa cardia	c or respirato	ory arrest,	Interval Between
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Pa	le de	lu
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA CERTII					MENTAL	REG. NO.	90) 2	27115
	1. DECEDENT'S HAME (First, Middle, Last)								OF DEATH		3.	TIME OF DEATH
	Marian	D. Ha	yes					Sept		1990 '	EAR	7:15 P M
	4. SOCIAL SECURITY HUMBER	5. SEX 8.	AGE (In yrs. lest birthday			IF UNDER		7. DATE (OF BIRTH Day, Year)	.0.	BIRTNPL/	ACE (State or Foreign
	578-22-1677	1 - M 2 XF	55 YRS.	MONTHS	DAYS	HOURS	MIN.		9/24			ngton.D.C.
	9a. FACILITY HAME (If not institution, give stre	et and number)		9b. CITY	, TOWN C	R LOCATI	OH OF DE		7, 2,	9c. COUHTY		
OR	Charles County N	ursing Ho	me	L	a Pl	ata				Charles		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		18.5						10d. IHSIDE CITY			
DIRECTOR				ITY, TOWN		ЮН						LIMITS?
	Maryland Charle	es	Wa	ldori		. ZIP COD	-			10- 0171761		YES 2 NO
FUNERAL							-			10g. CITIZEN OF WHAT COUNTRY?		
N N	3048 October Pl. 1	Unit H 12. WAS DECEDENT EV	/ER IN II S ARMED	20602 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp					2 /Parally Van	USA		
	1 Hever Married 2 Married	FORCES? 1 [YES 2 NO	If yes, specify Cuban, Mexican, Puerto Ric					ican, etc.)	or no		American Indian, Vhita, etc.
BY	3 Wildowed 4 Divorced	ON DATES	1 ☐ YES 2 ☐XNO Specify:							Specify:	White	
E	15. DECEDENT'S EDUCA (Specify only highest grade or	AL OCCUPATIOH 166. KIND OF BUSINESS/INDUSTRY					TRY					
Elementary/Secondary (0-12) College (1-4 or 5+)										_	T 1	
MPI	11th		Disat	led					Ice C	ream l	ndus	try
00	17. FATHER'S HAME (First, Middle, Last)	dward J.				18. MOT			fiddle, Meiden			
BE			Montrue C. Graves									
10	19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tra. Hayves Roy. 713 Soahmools, Md. 20707											
	Ira Hayes Box 713 Seabrook, Md. 20707 28p. METHOD OF DISPOSITION (Name of commettery, cremetory or 20c. LOCATION — City or Town, State											
	28s. METHOD OF DISPOSITIOH 1 A Buriel 2 Cremation 3 Remov	ral from State						oteru				
	14 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF HERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY 22. HAME AND ADDRESS OF FACILITY										•	
	100	//	/						neral	Home		
	Styc O. Na	May of		6:	160	Oxon	Hil:	1 Rd.	Oxon	Hi 11.	Mar	vland
	23. PART Lither the diseases, or co	implications that ca	used the death. Do	not anter	r the mo	de of dy	ing, suc	h as card	lec or respi	ratory arrea	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final				1	_	-		1			Onset and Death
	disease or condition reaulting in death)	(2) 109	gring	7400	reg	90	104	7			fleeno	
	DUE TO (OR AS A CONSEQUENCE OF):											do
N	Commentally New and Malana Co.										muse 1 cg	
E	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING											
일	CAUSE (Disease or injury C.	DUE TO (OF		Z.	-							-
RTIFICATION	that initiated events resulting in death) LAST	lok	AS A CONSEQUENCE									
G	d.											
CAL	PART II. Other significant conditions					g cause	given in	Part I.	24a. WAS AN PERFOR			TERE AUTOPSY FINDINGS
	Chron	. 4000	000	alec	use			_	1 _ YES 2		CC	OMPLETION OF CAUSE F DEATH?
MEDI	MIN										1	YES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T comme		ACE OF	DEATH (Ch	eck only on	•)			
1SI	1 TES 2 NO		NOutpatient 3 DOA	OTHE 4 Nu		10 5 □ R	esidence	8 🗆 Othe	r (Specify)			
H	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF IN. (Month, Day,	PURY 28b. 1	IME OF	WC	URY AT		28d. DES	CRIBE NOW I	NJURY OCCU	RED	
≥8	1 Natural 5 Pending 2 Accident Investigation			M		YES 2	NO					
ED	3 Suicide 8 Could not be	28e. PLACE OF It building, atc	IJURY — Al home, ferri . (Specify)	n, street, fac	ctory, offic	•			ATION (Street a or Town, State)	and Number or	Rural Rout	te Number,
E												
PL	COLOCY ONLY	IAH: To the best of my	knowledge, death occi	arred at the	time, date	and place	e, and due	to the cau	ree(s) and mar	ner as stated		
COMPL	0700) 2 MEDICAL EXAMINER	: On the basis of exam	ination and/or investige	rtion, in my	opinion, c	leath occu	red at the	time, dete	and place, an	d due to the	cause(a) e	nd manner as stated.
ш	296, SIGNATURE AND WIFE OF CHRESTER	7				29c. LIC	ENSE HU	MBER	7	29d. DATE S	IGNED (M	Aonth, Day, Year)
TO B	1000					4	7/1	17	- 11	> %	119	170
F	Milan Sacal M D					241	- C		M	.11	7	pont
	Milan Sasek, M.D				. , ,	OJTA (er S	pring	, Mary	yrand	4	7 100
	31. DATE FILE TOPONT DAY WAS 16	32. REGISTRAN	SIGNATURE CONCE	22								

DNMN-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy as sted within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DR.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it has stad within 27 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	Her
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SEP 25 '90

82. REGISTRAP'S SIGNATURE LOS

	FOR STATE STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		MENTAL HYGIEN REG. NO.	E 90	27116			
į	1. DECEDENT'S NAME (First, Middle, Last)	othy !	MAI	NES		2. OATE OF OEATH MONTH DA		3. TIME OF CEATH			
	212-07-8251	SEX 6. AGE (In yrs.	iasi birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/04/17		BIRTHPLACE (State or Foreign Country) MD			
TOR	9a. FACILITY NAME (If not institution, give street and			Pinks	or location of dea	ATH	e. county	of DEATH POll			
DIRECTOR	10a. STATE 10b. COUNTY MD Carro		10c. CIY	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10. STREET AND NUMBER 2551 Balt. Blvd.				21048		U.S.	OF WNAT COUNTRY?			
BY FUN	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 (IF YES, GIVE WAR OR DATES	ARMED X NO	If yee, s	CENDENT OF HISPAN pecify Cuban, Maxicar 8 2 X NO Specify		or No.— 14.	No- 14. RACE - American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	pleted) ollege (1-4 or 5+)	(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working line. Do NOT use retired.) House Wife \(n = \frac{1}{2} \)							
OM	17. FATHER'S NAME (First, Middle, Last)		nouse	SMTIG	16. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)				
	William Carroll	Eckard				Weller	AUW.				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		loute Number, City or Tow	n, State, Zip Co	50)			
임	Phyllis Ann Hor	co	2553	L Balt.	Blvd.	#75. Fin	ksbur	g. MD 21048			
	20s, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State 20b. PLA othe We	r place)		emetery, cremetory or			or Town, State ster. MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE			AND ADDRESS OF FAC		9 Ah	on - 1			
	Robert K.	Pritts. Sr		112	Washing	ral Home	Wort	aper MD			
	23. PART I. Enter the diseees, or com	plicetions that caused the	deeth. Do	not enter the m	ode of dying, suci	se cardiec or resp	iretory errest	, Approximats			
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): MO Interval Between Onset and Death Onset and Death Onset and Death Onset and Death										
	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentielly flet conditione, if any, leading to immediate cause, Enter UNDERLYING										
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	SEOUENCE O	DF):							
	PART ii. Other eignificant conditions of	ontributing to deeth but ne	ot resuiting	in the underlyl	ng cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
3	PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO										
EDI				ADTI	1R: 77						
A: MEDI		-		ART	1RIT			1 YES 2 NO			
NAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch	eck only one)					
SICIAN: MEDI	EXAMINER?	OSPITAL:	↑3 □ DOA	26. OTHER:	1/	eck only one) 8 Other (Specify)					
3Y PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	OSPITAL: Inpetient 2 FE/Cutreller 28a. DATE OF INJURY (Month, Day, Year)	28b. TH	OTHER: 4 Nursing Ho ME OF JURY 28c. If	1/		INJURY OCCUP	_ 1100 - AIP			
B	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH Metural 5 Pending	☐ Inpatient 2 FEE/Cutselled 28a. DATE OF INJURY	28b. TH	OTHER: 4 Nursing Ho ME OF JURY M 1	me 5 Residence	6 Other (Specify)	and Number or	IED			
BY	EXAMINER? 1 YES 2 NO	Dispetient 2 EE/Cutesteel 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — A	28b. TH	OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 street, factory, off	me 5 Residence #JURY AT ORK? YES 2 NO Ice te and place, and due	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Youn, State to the cause(a) and ma	and Number or	Rural Route Number,			
	EXAMINER? 1 YES 2 NO	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — A building, etc. (Specify) N: To the best of my knowledge	28b. TH	OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 street, factory, off	me 5 Residence #JURY AT ORK? YES 2 NO Ice te and place, and due	Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and ma time, data and place, a	and Number or) inner as stated, nd due to the c	Rural Route Number,			

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31. DATE FILED (Month, Day, Year)
SEP 1 9 '90

,	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR RTIF	ITMENT ICATE	OF H	EALTH ANI DEATH	MENTA	L HYGIEN REG. NO.	E	90	27117	
	1. DECEDENT'S NAME (First, Middle, Last)			HAI	RRING	TON	-	MON	E OF DEATH		1990	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-22-8188	LLIAM MII 5. SEX 1	6. AGE (In yrs. lest		IF UNDER		IF UNDER 24 HR	8. 7. DAT	of BIRTH th, Day, Year) 23,	1926	8. BIRTH	IPLACE (State or Foreign	
HOL	90. FACILITY NAME (If not institution, give Peninsula General	street end number)			96. CITY, TOWN OR LOCATION OF DEATH Salisbury					9c. COUNTY OF DEATH Wicomico			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?	
	MARYLAND WICO	MICO		SI	SHARPTOWN					1 💢 YES 2 🗌 NO			
FUNERAL	10a. STREET AND NUMBER	T.M.			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
NE	503 RAILWAY STRE		VT EVER IN U.S. ARM		T 19 1	21861 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No					USA		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YT EVER IN U.S. ARIN I∭ YES 2 ∏ NO MAR OR DATES		If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify:					14. RACI Blaci Spec	E — American Indian, k, White, etc. #y: WHITE		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				se retired.)	during mos	st of working	"	b. KIND OF BUS				
MP					& MECHANICAL ENGINEER SOLI						LID V	VASTE	
BE CO	17. FATHER'S NAME (First, Middle, Leet) WILLIAM M. HARRINGTON 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARGARET CUSTIS												
TO E	190. INFORMANT'S NAME (Type/Print) SANDRA C. HARRING	SANDRA C. HARRINGTON 503 RAILWAY STREET, SHARPTOWN, MD 21861											
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	00	SHARPT	OF DISPO	FIRE	EMENS	CEMET	ERY			Central	MARYLAND	
	21. SIGNATURE OF EMPERAL SERVICE L	J. K	Der		ZE	ELLEF	R FUNER	AL HO					
	21 PART I. Enter the diseases, or shock, or heart failure				not enter	the mo	de of dying,	such aa ca	rdiac or reap	Iratory a	rrest,	Approximata Interval Between	
	disease or condition resulting in death) a. Sepses								Onset and Death				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									72-484			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	O (OR AS A COMBEO	IJENCE O	F):	U	ş°						
: MEDICAL	PART II. Other significant condition	ns contributing to	death but not n	esulting	In the un	iderlylng	g cause given	in Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	248	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NG	
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL						ACE OF DEATH	(Check only	one)				
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER 4 Nur		e 5 🗆 Resider	nce 6 🗆 Oti	her (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. TIR	ME OF JURY M		URY AT PRK? YES 2 NO		EȘCRIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At hou, etc. (Specify)	me, farm,	street, fact	tory, offic	•		CATION (Street ty or Town, State		er or Rural	Route Number,	
COMPLETED	one)	SICIAN: To the best of										e) and manner as stated.	
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIC	ER (LAW)	han	N	P		29c. LICENSE	NUMBER		29d. D/	ATE SIONE	0 (Marith, Day, Your)	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEGISTRAR'S SIGNATURE Gulia Day deson Mandale

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1314	executed within
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he death certificate
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SECO.	requires th
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OF \	OR ATTENDING PHYSICIAN: The law requin
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	TO THE HOSPITAL OF
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31. DATE FILED (Morth, SPE) 8 190

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING CERTIFIC	MENT OF H	EALTH AND M DEATH	ENTAL HYGIEN REG. NO		0 :	27118
10 mg	1. DECEDENT'S NAME (First, Middle, Lest) Frances T 4. SOCIAL SECURITY NUMBER	aylor IVINS	yrs. last birthday)	F UNDER 1 YEAR	s	2. DATE OF BEATH DATE OF BIRTH	17, 19	90	ME OF DEATH 11:35 PM E (State or Foreign
	216 - 01 - 3791	1 □ M 2 🔯 F 8	O YRS.	DAY'S		(Month, Day, Year) Iay 22, 19		country) aryla	
TOR	9e. FACILITY NAME (H not institution, give Meridian Nursing Corsica Hills RESIDENCE OF DECEDENT	Center,		Centre				Anne	e's
DIRECTOR	Maryland Tal			Michael				24.90	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 112 Marengo Stree			101	21663		Unite	ed Sta	
8≺	11. MARITAL STATUS 1 Never Married 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican, 2 NO Specify:		s or No 14.	RACE - Ar Black, Whit Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specily only highest gradi Elementary/Secondary (0-12) 1.2	completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work Ma. Do NOT use n Secretary	k done during mo etired.)	st of working	Oil Dis			
BE CON	17. FATHER'S NAME (First, Middle, Last) George Berry	Taylor			18. MOTHER'S NAMI Evelyn	E (First, Middle, Malden M •	Sumame) Daws	son	
T0 B	19e. INFORMANT'S NAME (Type/Print) H Mr. James M. Ivin	S	II2 Mar P.O. Bo	engo Si x 10 -	and Number or Rural Ro treet 20 , St	ute Number, City or Tow • Michaels	m, State, Zip Co S , Mary	هه) العامر العامر 21663	
	20e. METHOD OF DISPOSITION 1	20b. Car	PLACE OF DISPOSITION OF PURCE OF DISPOSITION OF PURCE OF DISPOSITION OF PURCE OF DISPOSITION OF				ver, De		
	21. SIGNATURE OF FUNERAL SERVICE LI	es H. Barton,	Jr.	1	Barton Fur P.O. Box 2			e, MD	21617
	23. PART-I: Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each		enter the mo	CVZ	as cardiac or reap	iratory arreat		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A (CONSEQUENCE OF):	lyhi	ence	Synd	rim	2	3 gp +
MEDICAL	PART II. Other algnificent condition	ns contributing to death bu	t not resulting in	the underlyin	g cause given in P	PERFO	RMED?	COM OF D	E AUTOPSY FINDINGS. LABLE PRIOR TO PLETION OF CAUSE JEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		үтнея:	LACE OF DEATH (Chec				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.		28d. DESCRIBE HOW	INJURY OCCUP	RED	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		et, factory, offic	DB	28f. LOCATION (Street City or Town, State		Rural Route	Number,
O BE COMPLETED	CONSCI ONLY	SICIAN: To the best of my knowle IER: On the basis of examination							menner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Smick	h		20c LICENSE NUME D 123 Y	PER 5	29d. DATE S	IGNED (Mon	th, Day, Year)
5	John R. Smith, Jr				nd 21617				

32. REGISTRATIS SIGNATURE

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FOR STATE REGISTRAR

MINNA

MD

10e. STREET AND NUMBER

4. SOCIAL SECURITY NUMBER

212 34 8460

1. OECEDENT'S NAME (First, Middle, Last)

E .

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

1040 FOREST HILLS AVE.

4315 ALESIA ROAD

JONES

1 M 2 TF

6. AGE (In yrs. last birthday)

MONTHS

DAYS

5. SEX

ANNE ARUNDEL

1 -

DIRECTOR

ling physicia the bunal-tr	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	/ER IN U.S. ARMED YES 2 ☐ ¶O OR DATES	If yes, sp	CENDENT OF HISPANI Hecity Cuban, Maxican 5 2 NO Specify:	, Puerto Ric		14. RACE — Bleck, W	American Ind Thite, atc.		
hospital or attending ached for use as the	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use REG NU	rk done during me retired.)	ON ost of working		URSING	XUSTRY		
be def	E COMPL	17. FATHER'S NAME (First, Middle, Last) HERMAN OTT	O SATTM		NO14	18. MOTHER'S NAM	NE (First, Mic	J LY	KKE		
be retained ge 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) MARYLYN J. CI				and Number or Rural R	oute Number	r, City or Town, State, Zig	Code)	7	
e 6 may rector, pa		20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPOSE other place) CEDAR BL	TION (Name of ce	metery, crematory or		ANNAPO	City or Town,	State	
ter death. Page 6 m the funeral director, oval.		21, SIGNATURE OF FUNERAL SERVICE LI	CENSIVE		TAYI	OR FUNE	RAL	CHAPEL			
within 24 hours at within 24 hours at pletely filled in by cremation, or remement, the medic		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									
ficate be executed physician and come prior to burial, ne prior to burial, ner traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST HYPERTENSIVE CARDIO VASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
law requires that the death certif is been signed by the attending lept, of Health and Mental Hygier 23 shows any injury, or oth	MEDICAL	PART II. Other significant condition	d	ath but not resulting in	the underlying	ng cause given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AV CC OI	ERE AUTOPSY MILABLE PRIOR DMPLETION OF F OEATH?	
The are h	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che					
PHYSICIA this certif with the	BY PHYS	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJ (Month, Day,	IURY 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		RIBE HOW INJURY OC	CURED		
TTENDII TTOR: A after de 28 is	8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN- building, etc.	IJURY — At home, farm, st . (Specify)	reet, factory, offi	CO .	28f, LOCAT City or	FION (Street and Number Flown, State)	r or Rural Rou	te Number,	
7 70 =	COMPLET			knowledge, death occurred						nd manner as	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE MAMLE	I God	et		29c. LICENSE NUM D 11	3	29d. DAT	TE SIGNED IN	90 Year	
	F	30. NAME AND ADDRESS OF PERSON WI	CODD M.D	of DEATH (ITEM 27) (Type, 674 RT.	CHIEH	GWY SE'	VE RN.	A PARK,	MD.	21146	

Julia devidor - A TRANSPIRE

31. DATE FILED (Month, Day, Year) SEP17 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2, DATE OF DEATH MONTH 3. TIME OF DEATH SEPT. 13 P 990 IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) HOURS MIN. APRIL 16 DENMARK 07 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MILLERS BALTIMORE 10d. INSIDE CITY
1 LIMITS?
1 YES 2 NO 10c. CITY, TOWN OR LOCATION ANNAPOLIS 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21403 U.S.A. 14. RACE — American Indian, Black, White, etc. TITHE BUSINESS/INDUSTRY SINE den Surname) LYKKE Town, State, Zip Code) MD 21107 LOCATION — City or Town, State NAPOLIS, MD APEL spiratory srrest, **Approximate** Interval Batween Onset and Desth 1964 SE AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 2 NO OF OEATH? 1 - YES 2 - NO W INJURY OCCURED set and Number or Rural Route Number, late) manner as stated. and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Mgrith, Bey Year)

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218-16-5459 98. FACILITY NAME (# not institution, give alreed and number) Peninsula General Hospital FRESTORNOE OF DECEDENT 100. COUNTY 100. STREET AND NUMBER P. D. Box 301 11. MANITAL STATUS 100. STREET AND NUMBER P. D. Box 301 11. MANITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 17. FATHER'S NAME (*First, Middle, Larl) 18. DECEDENT'S UNAME (*First, Middle, Larl) 199. INFORMANT'S, NAME (*First, Middle, Larl) 190. STATE 190. MAILING AT P. D. Box 301 18. MAILING AT P. D. Box 301 190. MAILING A	Sali OWN OR LOCATI OUT 101. 13. WAS DECE If yes, spe 1 YES	J. ZIP CODE J. 1868 ZHIDENT OF NISPAN eetly Cuban, Maxlea 2 NO Specify DN sst of working	NIC ORIGIN? (Sp. II, Puario Rican, y.	DAY 9 18 9 18 9 18 9 18 9 18 9 18 9 18 9 1	BIRTNPLACE (State or Foreign Country) S OF DEATN COMICO 10d. INSIDE CITY LIMITS? 1 YES 2 M NO N OF WHAT COUNTRY? S RACE — American Indian, Black, White, stc. Specify: Black			
218-16-5459 1 M M 2 F 66	Sali Sali OWN OR LOCATI OWN OR LO	HOURS MIN. DR LOCATION OF DE S DUTY TION 1. ZIP CODE 2. 1868 ENDENT OF NISPAN eelty Cuban, Maxlea 2. 2. NO Specify DN saf of working	(Month, Day, OS - 30) EATH NIC ORIGIN? (Sp. unit, Puerto Rican, y.:	o OF BUSINESS/INDUS	Country) 1 S Y OF DEATN COMICO 10d. INSIDE CITY LIMITS? 1 YES 2 X NO N OF WHAT COUNTRY? S RACE — American Indian, Black, White, stc. Specify: Black			
Peninsula General Hospital RESIDENCE OF DECEDENT 100. COUNTY 100. STREET AND NUMBER 100. COUNTY 100. STREET AND NUMBER 100. COUNTY 100. STREET AND NUMBER 100. COUNTY 100. STREET AND NUMBER 110. New Married 120. Married 120. Was Decedent Ever in U.S. Armed Ponces? 1 K ves 2 No 11 New Married 2 Merried 120. Merried 13 Widowed 4 Divorced 15 Pences? 1 K ves 2 No 16 Ponces? 1 K ves 2 No 17. FATHER'S NAME (First, Middle, Last) 190. INFORMANT'S, NAME (Pro-Print) 190. INFORMANT'S, NAME (Pro-Print) 190. INFORMANT'S, NAME (Pro-Print) 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. INFORMANT'S, NAME (Pro-Print) 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 190. MAILING AT P.D. B.D. 200. METHOD OF DISPOSITION 200. METH	Sali OWN OR LOCATI OWN OR LOCATI 101. 13. WAS DECE If yes, spe 1 Yes, spe 1 Yes WALL OCCUPATION of done during mos	TION I. ZIP CODE 21868 ENDENT OF NISPAN eetly Cuban, Maxlee 22 NO Specify DN sst of working	NIC ORIGIN? (Sp. II, Puario Rican, y.	log. CITIZEI	10d. INSIDE CITY LIMITS? 1 YES 2 N NO N OF WHAT COUNTRY? Specify: Black TRY			
100 STREET AND NUMBER 100 SOUTH 100 STREET AND NUMBER 100 SOUTH 100	13. WAS DECE If yes, spe 1 YES UAL OCCUPATION the done during mos	J. ZIP CODE J. 1868 ZENDENT OF NISPAN eetly Cuban, Maxlea 2 NO Specify DN sst of working	n, Puarto Rican	ecify Yea or No— 14 atc.) 14	I VES 2 NO N OF WHAT COUNTRY? S. RACE — American Indian, Black, White, stc. Specify: Black			
Toe. Street and number P.O. Box 301 12. Was decedent ever in U.S. Armsed P.O. Box 301 13. Was decedent ever in U.S. Armsed P.O. Box 301 14. Was decedent ever in U.S. Armsed P.O. Box 30 14. Was decedent ever in U.S. Armsed P.O. Box 30 14. Was decedent ever in U.S. Armsed P.O. Box 30 14. Was decedent ever in U.S. Armsed P.O. Box 30 15. Decedent's U.S. Armsed P.O. Box 30 16. Decedent's U.S. Armsed (Silve bind of word life. Do NOT use in U.S. Armsed (Silve bind of w	13. WAS DECE If yee, spe 1 YES UAL OCCUPATION (done during mosetred.)	2 1868 ENDENT OF MISPAN ecity Cuben, Maxica 2 NO Specify ON sit of working	n, Puarto Rican	ecify Yea or No— 14 atc.) 14	ROF WHAT COUNTRY? Solve American Indian, Black, White, stc. Specify: Black			
Section Sect	If yes, spe 1 YES	ecity Cuban, Mexical 2 NO Specify DN nst of working	n, Puarto Rican	of Business/INDUS	Specify: Black			
16. DECEDENT'S EDUCATION 16. DECEDENT'S US (Give kind of work into December 1) 17. FATHER'S NAME (First, Middle, Last)	k done during mos etired.)	est of working			TRY			
19b. MAILING AE 19b. INFORMANT'S, NAME (**Ippe/Print) 19b. MAILING AE 19b. MAILING 19b. M			Crown Cork+SEN					
196. INFORMANT S, NAME (NpoPPrint) 196. MAILING AE 196. MAIL		18. MOTHER'S HA	ME (First, Middle MMLE	Horsey	Johnson			
23. PARTI. Enter the diseases, or complications that caused the death. Do not ahock, or heart filture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	x 301	Upper	Route Number, Co	Md. 218	68			
23. PARTV. Enter the discess, or complications that ceused the death. Do not shock, or heart filture. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ	son G	The terry, Eremetory or NO ADDRESS OF FA		LOPER HI	y or Town, State			
ahock, br heert filure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	103 1	Hampd	En Al	Princ	KSS Anniz			
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): D					t, Approximata interval Betwee Onset and Dec			
that Initiated events resulting in death) LAST d. PART II. Other algnificent conditions contributing to death but not resulting in PART II. Other algnificent conditions contributing to death but not resulting in PART II. Other algnificent conditions contributing to death but not resulting in PART II. Other algnificent conditions contributing to death but not resulting in PART II. Other algnificent conditions contributing to death but not resulting in 1. Inpatient 2. ER/Outpatient 3 DOA 4 PART II. Other algnificent conditions contributing to death but not resulting in PART II. Other algnificent conditions contributing to death but not resulting in 25. Was Case Referred To Medical EXAMINER? 1. Inpatient 2. ER/Outpatient 3 DOA 4 26. TIME Of INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your) 26. TIME OF INJURY (Month, Day, Your)	С							
PART II. Other algnificent conditions contributing to deeth but not resulting in 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputant 2 X ER/Outpetient 3 DOA 4 27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, Year) 29. Accident investigation investigation 29. PLACE OF INJURY—At home, farm, street building, stc. (Specify)								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpattant 2 ER/Outpettent 3 DOA 4 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined determined			Dort L Las	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING			
2 Accident Investigation 3 Suicide 6 Could not be determined determined	the underlying	g cause given in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
2 Accident investigation 3 Suicide 6 Could not be determined determined	the underlying	g cause given in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
3 Suicide 6 Could not be building, stc. (Specify)	26. PL	g cause given in LACE OF DEATH (Ch	1 [PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	26. PL OTHER: Nursing Norm OF 26c. INJU WOI	LACE OF DEATH (Ch	neck only one) 6 Other (Spr	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,	26. PL OTHER: Nursing Nome OF 26c. INJU WOI M 1 Y	LACE OF DEATH (Ch ne 5 Residence JURY AT JURY 2 NO	neck only one) 6 Other (Sp. 28d. OEŞCRIE	PERFORMED? YES 2 K NO POLITY POLITY NO STREET and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
20b. SIGNATURE AND TITLE OF CERTIFIER	26. PL THER: Nursing Norm Norsing Norm Norsing Norm Wol 1	LACE OF DEATH (Ch. ne 5 Residence JURY AT JURY 2 NO ce	neck only one) 6 Other (Sp) 28d. DESCRIE 28f. LOCATION City or Too	PERFORMED? YES 2 K NO Pocify) HE NOW INJURY OCCUL N (Street and Number or vn, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			
29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, P.	26. PL THER: Nursing Norm Norsing Norm Norsing Norm Wol 1	LACE OF DEATH (Ch. ne 5 Residence JURY AT JURY 2 NO ce	1 Conservation of the cons	PERFORMED? YES 2 NO OCIV) NE NOW INJURY OCCUI N (Street and Number or wn, State) and manner as stated place, and due to the o	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			

		FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	TMENT OF		MENTAL HYGIEN REG. NO		27121	
		1. DECEDENT'S NAME (First, Middle, Last)	Eric Edmund	#N50	N		2. DATE OF DEATH MONTH 2	9/98	3. TIME OF DEATH M	
6		4. SOCIAL SECURITY NUMBER 182-52-2633	5. SEX 8. AGE ((In yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 15,	C	ountry) Yrone, Pa.	
Annual L	1	90. FACILITY NAME (# not institution, give str Washington County			96. CITY, TOWN Hagerst	OR LOCATION OF DE		HING TON		
8.1.2	ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY	
nit. Pages	PHG.	Virginia		Go				,	1 YES 2 NO	
isit permit	FUNERAL	RD. # 1, Box 112				01. ZIP CODE 22637		U.S.	OF WHAT COUNTRY? Δ	
physician. burlal-transit		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	s or No- 14. 1	RACE — American Indian, Black, White, etc. Specify:	
r attending use as the	ED BY	3 Wildowed 4 X Divorced 15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECEDENT'S		TON		white white		
_ 3	COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	irman	tool or working	heating	and of	ir conditioni	
e det	COM	17. FATHER'S NAME (First, Middle, Last)		Тера	LIMAII	16. MOTHER'S NA	ME (First, Middle, Maiden		T CONGICIONIA	
should be	BE	Reed T. 19a. INFORMANT'S NAME (Type/Print)	Johnson	19b. MAILING	ADDRESS (Street		ie J. Huds		e)	
20 5	70	Feller Memorial Ho					yrone, Pa.	16686		
6 ma ctor, p	!	20a. METHOO OF OISPOSITION 1 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	other place) astlawn		emetery, crematory or	1	one, Pa		
death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LICE		astiawii	22. NAME /	AND ADDRESS OF FA NICH FUNE	CILITY	one, ra	L.e.	
0 2 0		Sc00100	Dinnee	R	415	E. Wilso	n Blvd., H		own, Md.21740	
ted within 24 nours after completely filled in by the ial, cremation, or removal c event, the medical		23. PART i. Entar the diseases, or conshock, or heart failure. LimmeDIATE CAUSE (Final disease or condition resulting in death)	EPI DUI	AL	HEHA	TOMA	POST, FO		Approximats interval Batween Onset and Dasth	
certificate be executed rights and complete prior to burial, rother traumatic expenses.	ERTIFICATION	Sequantisily list conditions, if sny, lesding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OCER. A CONSEQUENCE O	P):	L IV	TURY			
E Me	O	PART ii. Other significant conditions	contributing to death i	out not reauiting	in tha undarlyi	ng causa given in	Part i. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS	
equires the signed of Health hows an	: MEDICAL				ē.		PERFO	11	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N: The law r ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		28.	PLACE OF GEATH (C/	heck only one)			
PHYSICIAN: this certifica with the St rked, or it	 	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	26b, TIA	4 - Nursing Ho	ome 5 - Realdence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
DING PHYS After this death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	280. PLACE OF INJUR	90	M 1 🗆	VORK? YES 2 NO	MOTORCY 261, LOCATION (Street		TRUCK BY CA	
CTOR:	ETED.	3 Suicide 6 Could not be 4 Homicide detarmined	STRE	iclfy)	straet, factory, on		City or Town, State	N AVE	E. HAGERSTO	
	COMPL	(Order only	CIAN: To the best of my known: R: On the basis of exemination						use(a) and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: It	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	hi, h.D.			DO7	OOS	29d. DATE SIG	29 / 9 O	
	T0	30. NAME OF ADDRESS OF PERSON WHO	OCOMPLETED CAUSE OF OR	EATH (ITEM 27) (Typ)	Print)	OVER	DRHo	1GER	29/90 STOWN-HI	
		31. DATE FILEO (MONTH, Day, Year) 1 '9(32. REGISTRAN'S SIGI	Davidson-V	andell					

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 whours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	9.	Ta la	in the
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	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cai
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32. REGIST AR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF HI		ENTAL HYGIEN	9	0 27122	
; ;	1. DECEDENT'S NAME (First, Middle, Last) Teddy Jor	Teddy NMN JO	ORDAN, J	Jr. 2. DATE OF MONTH			TE OF DEATH DAY YEAR 3. TIME OF DEATH		
Sales de la la la la la la la la la la la la la	216-82-3381	M 2 🗆 F 22		IF UNDER 1 YEAR MONTHS DAYS	NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-7-1967	6.	BIRTHPLACE (State or Foreign Country) Maryland	
НОТ	9a. FACILITY NAME (If not institution, give street Washington County RESIDENCE OF DECEDENT				r location of deat	гн	9c. COUNTY Was	of DEATH Shington	
FUNERAL DIRECTOR	Maryland Wa	shington	10c. CITY	Hagerst				10d. INSIDE CITY LIMITS? 1 VES 2 NO	
NERAL	10e. STREET AND NUMBER 200-B Taylor Aver 11. MARITAL STATUS	1116			21740		10g. CITIZEN OF WHAT COUNTRY? U.S.A. se or No.— 14. RACE — American Indian.		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		elfy Cuban, Maxican,	ORIGIN? (Specify Yes Puarto Rican, atc.)	or No.— 14.	Black, White, atc. Specify: White	
COMPLETED		college (1-4 or 5+)	(Give kind of w life. Do NOT us	,	t of working	16b. KIND OF BUS			
COMP	10 0 Service Station Attend. ServiceStation 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Linda Viliana								
TO BE	Teddy Jordan Linda Kline 196. INFORMANT'S NAME (Type/Print) Linda Kline 436 Clarendon Ave. Hagerstown, Md. 21740								
	20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	cation - City or Town, Stata							
	21. SIGNATURE OF FUNERAL SERVICE LICENT	minul		415 E		Blvd. Hag	gersto	eral Home wn, Md. 21740	
	23. PART i. Enter the diseases, pr com shock, pr heart failure. List immediate CAUSE (Final disease or condition resulting in daeth)	Conap.	the deeth. Do not line.					Approximate Interval Between Onset and Death Immediate	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Consecutive Canadismy opathy DUE TO OR AS A CONSEQUENCE OF): DUE TO OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions of	contributing to death bu	it not reaulting i	in the underlying	g causa given in P	art I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 200 NO	
YSICIA	1 TYES 2 NO 1	IOSPITAL:	-	OTHER: 4 Nursing Hom	ACE OF DEATH (Chec	Other (Specify)			
BY	27. MANNER OF BEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be	26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	— At home, ferm, s	M 1 1	RK7 YES 2 NO	28d. DEŞCRIBE HOW I			
COMPLETED	4 Homicide datarmined	building, atc. (Special)		ed at the time, data	and place, and due to	City or Town, State) o the cause(a) and ma			
E COMF	constant only	_				ime, data and place, ar	nd due to the o	cause(s) and manner as stated. IGNED (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	NTH (ITEM 27) (Type	o, Print)	0219	400 m st,	1	-13-90	
	N > Hood	MU		38 E	Intreta	in Sti	Hag	erstown md	

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			ENTAL HYGIENI REG. NO.	90	27123		
		1. DECEOENT'S NAME (First, Middle, Last) To I+ N N Y	JEFFRE	= 1/			2. DATE OF DEATH		3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER			JNDER 1 YEAR	IF UNDER 24 HRS.	. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
(P)		228-01-9119 9s. FACILITY NAME (If not Institution, give st	1 M 2 □ F 8 2	T YRS. MON		HOURS MIN.	(Month, Day, Year) 10- 05-1	1 0	Virginia		
. 2. 3	CTOR	Carroll County				ninster		Car	roll		
ages 1	12	10s. STATE 10b. COUNTY		toc. CITY, TO	WN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?		
permit. Pages	L DII	MD Car	roll			ninster ZIP CODE		MA CITIZEN	t YES 2 NO		
st per	ERAL	47 North Tanne	ny Road		101.	21157		U.S			
or attending physician.	FUN	tt. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spec		ORIGIN? (Specify Yaa Puerto Rican, etc.)	or No- 14. F	RACE American Indian, Black, Whita, etc. Specify:		
ending as the	D BY	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATION	и	16b. KIND OF BUS		hite		
	ETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use ret	done durina most	t of working	IND. KIND OF BOS	INESS/INDOST			
	COMPLI	none		coal m	iner		mining	g			
	CO	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden :				
AFITE stained by should be utified at	9E	Albert Jeffre	<u>Y</u>	19b. MAILING ADO	RESS (Street an		eth Bar		•)		
2 c c	욘	John Jeffrey,	Jr.						er. MD 2115		
may be		20a METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO	N (Name of ceme	etery, cremetory or	20c. LO	CATION — City of	or Town, Stata		
Page 6 may director, pa		4 Donation 5 Other (Specify)	G1	ranville		Cial D ADDRESS OF FACI		uefie]	d. VA		
death.			Pritts Funeral Home Pritts, Sr. 412 Washington Rd.								
hours after hours after of in by the or removal.		23. PART I. Enter the disesses, or of shock, or heart failure.	omplications that caused list only one cause on ee						Approximate interval Between		
24 hour filled I tion, or the mi		IMMEDIATE CAUSE (Finel	e. Carcinoma q lung 3 mc								
d within 24 completely fill cremation, the		resulting in desth)	OUE TO (OR AS A	CONSEQUENCE OF):	29	Jum	X		3 ma		
	Z	Sequentially list conditions,	s								
or t or t	CATION	if any, isading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):								
certificate ding physi- tygiene pri	RTIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
· E 8 - 0	CERT	resulting in death) LAST	ś								
	AL C	PART II. Other significant condition	s contributing to deeth be	it not resulting in ti	ne underlying	cause given in P	art I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO		
	EDICA						1 TYES 2		COMPLETION OF CAUSE OF DEATH?		
requires that seen signed be of Health au	Σ						_		t TYES 2 NO		
e law a bept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Chec	k only one)				
SICIAN: The Is certificate has the State De t, or item 2	SIC	EXAMINER?	HOSPIFAL:		THER: Nursing Home	5 🗆 Residence 6	Other (Specify)				
그 글 등 다	됩	27. MANNER OF-DEATH t Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	WOR	RK?	28d. OEȘCRIBE HOW I	NJURY OCCURE	D		
DING PHYS After this death with	BY	2 Accident Investigation	28e. PLACE OF INJURY	At home, farm, atree		ES 2 NO	281. LOCATION (Street a	and Number or F	tural Route Number.		
TTEN TOR: after	ETED	4 Homicide 6 Could not be determined	building, atc. (Speci	(fy)	,,		City or Town, State)				
Plour Par		CONSTRUCTION	CIAN: To the best of my knowle								
	COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, is	n my opinion, de						
TO THE HOSPI TO THE FUNER be filed within	BE (296. SIGNATURE AND TITLE OF CERTIFIES	du Napa	ame		29c. LICENSE NUME	D O	≥ 9d. DATE SIC	SNED (Month, Day, Year)		
	욘	CHITRACHEDI	O COMPLETED CAUSE OF DE		0 A (poole n	d wei	1 mil	mika tri		
		SEP 1 4 90	32. REGISTRAR'S SIGNA	ATURE Pandelle							

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND N	MENTAL HYGIEN		27124		
	17/	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH		
		Burbura		25			9-12	-1990	5 2:21 p	М	
(4))	The second secon	SEX 8. AGE (II	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morith, Day, Year) 12 - 05 - 3	19	SHITHPLACE (State or Foreign Country)		
3 3	OR	99. FACILITY NAME (If not institution, give street Baltimore County	r Gen. Hos	pital	Balt	N OR LOCATION OF DE LIMOTE	ATH	9c. COUNTY	of DEATH Timore		
, t	ERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY	_	
e retained by the hospital or attending physician. 5 Should be detached for use as the burial-transit permit. Pages 1, 2, notified at once.		Maryland Carr	coll	W	estmir	nster			YES 2 NO		
		943 Washingtor	Rd.			21157		10g. CITIZEN	S . A .		
	BY FUNER		U.S_ARMED 2 NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, atc.) 1 VES 2 NO Specify: Specify:							
	LETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION nploted) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	most of working	200 200 200	Brown & Williamson Tobacco Company			
	E COMPL	17. FATHER'S NAME (First, Middle, Last) Edward Spivey				18. MOTHER'S NAME (First, Middle, Melden Surrenge) Sallie Mae Morrison					
	TO BE	190. INFORMANT'S NAME (Type/Print) Larry W. Jones		19b. MAILING	Wash	er end Number or Rural P	d. Westm	lnste	Md 21157		
e 6 may be ector, page must be		20e. METHOD OF DISPOSITION Comparison of Dispositi	from State 20b.	PLACE OF DISPO	SITION (Name of	ebme tery	heran Yo	rk, Pa	and the second second		
after death. Page 6 may be by the funeral director, page snroval.		21. SIGNATURE OF EUNERAL BERVICE CICEN	Tet f		Thomas 254	Mas D. F. East Ma tminster	Tetcher in Stree	& Son 157	F.H.		
24 hours filled in tion, or re	RTIFICATION	23. PART I. Enter the dieeeeea, pr cpm shock, or heert failure. Lis iMMEDIATE CAUSE (Finel dieeese pr condition resulting in deeth)	t Dnly Dne Cause Dn e	ech line.	not enter the r	mode of dying, suc	h as cerdiec or reep				
2 5 - w		e. Bilgtans / Lour to Brancons out to (or as a consequence of): Sequentielly list conditions,									
icate be execut physician and o re prior to buris		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C.									
n certif anding Hygier	ERTIFI	that initiated events resulting in deeth) LAST d.									
at the d by the and Me	ICAL CE	PART II. Other significent conditions of	contributing to deeth b	ut not resulting	in the underly	ying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	15	
The law requires that the has been signed the begt. of Health and the mean and the	: MEDI								1 - YES 2 NO		
V: The law cate has t State Dept item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)				
	YSIC	1 U YES 2 NO 1	OSPITAL:		1	Iome 5 - Residence					
The this	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	NJURY 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO			28d. DEŞCRIBE HOW INJURY OCCURED				
TTENDI TTOR: A after d	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	261, LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
로 글 전 =	COMPLE	(Oribon Orily	N: To the best of my know						suse(e) end manner ee stated.		
TO THE HOSPIT TO THE FUNER De filed within 7	BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER		GNED (Month, Day, Year)		
E E S S S S S S S S S S S S S S S S S S	10	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ			085	9	-12-90		
		31. DATE FILER Month Day, Young	32. REGISTRARISTSION	MITURE Dand	5a/7	t. Ca.	Gun. Ho	Spital		_	
		SEP 14'90	32. REGISTRAR GISIGN	don-Mana	مالان						

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1 - STATE REGISTRAR		STATE OF MA		/ DEPAR				MENTA	REG. NO.	E (n	27	12
1. DECEDENT'S NAME (F									2. DATE OF DEATH DAY YEAR 9 17 1990 12.1				
A CONTRACTOR OF THE PROPERTY O	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF SIRTH (Month, Day, Year)							6. SIRTHPLACE (State or Foreign Country) Virginia					
9a. FACILITY NAME (# no	ot institution, give stre		ab C	enter			LOCATION OF			9c. COUNTY	OF DEAT	'H	
T I I I I I I I I I I I I I I I I I I I										d. INSIDE CI	ITY		
								10g. CITIZEN		YES 2 [
100. STREET AND NUMB 1115 Kin 11. MARITAL STATUS 11. Never Merried 2	1115 Kingwood Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				13. W	AS DECE	20912	ANIC ORIG	IN? (Specify Yes	U.S.A.			ndlan,
The state of the state of	1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yee of if yee, specifly Cuben, Mexican, Puerto Rican, stc.) 1 YES 2 NO Specify:						Stack, White, etc. Specify: White						
Specify Elementary/Secondar B 17. FATHER'S NAME (First	only highest grade only (0-12)	ATION ompleted) College (1-4 or 5+)	_	DECEDENT'S (Give kind of life. Do NOT u	work done di se retired.)	uring most	of working		s. kind of bus Same	INESS/INDUST	TRY		
Unaries	Tysi	.nger					sara		Middle, Meiden	Sumame)			
199. INFORMANT'S NAM Laxine J	e (Type/Print) ordan								nber, City or Tow Takoms			0 2	209
ty⊡ Burlel 2 □ Crem	Taxine Jordan 1115 Kingwood Drive, Takoma Park, 20c. METHOD OF DISPOSITION 20c. Method of Disposition 20c. Location - City or To 20c. METHOD OF DISPOSITION Name of cometery, crematory or other, place) Port Lincoln Cemetery 20c. Location - City or To Brentwood							or Town	, State				
	21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Takoma Funeral Home 254 Carroll St., N.W. Wash., D.C. 2										e 2		
Sequentially list cor if any, leading to lim cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L	anditiona, mediata RLYING Injury	Cere DUE TO (OR AS A COM	ISEQUENCE O	OF):	os	ar C	Rec	elen	<i>l</i>		Joan Vea	la
PART II. Other eigni	ficant conditions	contributing to	death but n	ot reaulting	In the un	derlying	ceuse given	in Part i.	24a, WAS AN PERFOI 1 TYES 2	RMED?	C	PERE AUTOPS' WAILABLE PRI OMPLETION OF F DEATH? YES 2 [OF CAU
25. WAS CASE REFERRE EXAMINER?		HOSPITAL:			Q T-UER		ACE OF OEATH				<u> </u>		
27. MANNER OF DEATH	1												
2 Deviates	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)								ite Number,				
(Crieck Only		EIAN: To the best of t: On the basis of ex										nd manner e	on star
29b. SIGNATURE AND T	10	e	01	(7	m		29c. LICENSE 1	NUMBER 57		29d. DATE 8 ▶ 9/	17/		ear)
Raymond 31. DATE FILED (Month),			30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	0 14 1	32. REGISTRA				_							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hy	should		IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIEN REG. NO.		27126			
,	1. DECEDENT'S NAME (First, Middle, Lest) FLOYD E. JE	ENKINS			2. DATE OF DEATH	990 [™]	3. TIME OF DEATH 11:20 PM			
,		6. AGE (In yrs. let 84	yrs. IF UNDE	A 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 09-06-1905	5	BIRTHPLACE (State or Foreign			
OR	90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH Allegany									
DIRECTOR	RESIDENCE OF DECEDENT									
	MD Allegany	Y	Cumberl	and			10d. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 15 Marshall Street			101. ZIP CODE 21502		USA	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married XX Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES	BMED 13.	WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)	mpleted) ((C	ECEDENT'S USUAL C Give kind of work done e. Do NOT use retired.) OTTIET EM	during most of working	166. KIND OF BU		RY			
E COM	17. FATHER'S NAME (First, Middle, Last) James O. Jenkins 18. MOTHER'S NAME (First, Middle, Melden Surname) Ella H. Hite									
TO BE	19s. INFORMANT'S NAME (Type/Print) Mrs. Ruth Shaw 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 30 Grant Street Frostburg, MD 21532									
	Coe. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Cumberland Allegany 20c. LOCATION — City or Town, State Steller Marys Cemetery 20c. LOCATION — City or Town, State Cumberland Allegany									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND APPRESS OF FACILITY A Home SCATPEITI FUNERAL Home Cumberland, MD 21502									
	23. PART I Enter the diseases, or cor shock, or heart fellure. Lie	mplicetions that coused the d	leeth. Do not ente	r the mode of dying, auc	h as cerdisc or resp	Iratory arrest.	Approximete Interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death) • CARDIO RESPIRATORY FAILURE Due to (or AS A CONSEQUENCE OF):									
2	DUE TO (OR AS A CONSCOURNCE OF): CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSCOURNCE OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): ISCHEMIC CARDIO MYOPATHY DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSI	EOUENCE OF):	RUW MYO	BUTHA					
CERI	resulting in deeth) LAST									
	PART II. Other algnificant conditions		resulting in the u	inderlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	JADEIBS	DIABETES MEILITUS								
AN:	1 YES 2 NO									
SIC!	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fa	ctory, office	201. LOCATION (Street City or Town, State					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated.									
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)			
2	20 NAME AND ADDRESS OF BEDSON WIND	COMPLETED CAUSE OF DEATH (IT	Est an Cina Brief	102:	56 38	1	1/19/90			

FROSTBURG

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
SATURNINA T. CHANG M.D. FROST

ALIE TO SERVE

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recurs after death. Page 6 may be retained by the hosp
DALLIMONE, MANTLAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMI			MENTAL HYGIEN		21121		
	1. DECEMENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	AY - YE	3. TIME OF DEATH		
ĺ	W	alter Frank	klin Je	well		8 2	5 9	8 9:15 Pm		
	215-22 11/12	8EX 6. AGE (In yrs. 78	YRS. WONT	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04/30/		BIRTHPLACE (State or Foreign Country) hester, MD		
OR	9a. FACILITY NAME (If not institution, give street of ARD LINE NUC	and number) SING HOI	ne 1	CITY, TOWN OF	LOCATION OF DE	ATH	9c. COUNTY			
DIRECTOR	10a, STATE 10b. COUNTY	A	10c. C(TY, TO	WN OR LOCATION	1:110 -			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10+, STREET AND NUMBER	4 8	CIP CODE	b	10g. CITIZEN	I DF WHAT CDUNTRY?				
FUNERAL	. Rt. 1				2165	8		U.S.A.		
BY FU	11. MARITAL STATUS 1		IC ORIGIN? (Specify Yen, Puerto Rican, atc.)	n or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade com Elementary/Secondary (0-12)	pleted)	DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	ione during most	of working	18b. KIND OF BU	SINESS/INDUST			
7	6	V	Vaterma	n and	Farmer	r				
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Surname)			
BE	George Jewell					Tolson Route Number, City or Tox	- 0 7- 0-	4.1		
2	190. INFORMANT'S NAME (Type/Print) Hilda Mae Jew		Rt. 1							
	20a. METHOD OF DISPOSITION	20b. PLAC	CE OF DISPOSITIO			Grasonvi		MD 21638		
	N Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 8 ☐ Other (Specify)	from State other	dlawn M			k Ea	ston.	Talbot, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AND	ADDRESS OF FAC Helfen	bein Fun	eral H	Homes, PA		
	thomas Ke	Hellenber	'n			ck Rd.,				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feliure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in deeth)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): OUE TO (OR AS A CONSEDUENCE DF):									
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions of				ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL			26. PL	NCE OF DEATH (Ch	eck only one)				
SIS		OSPITAL: Inpatient 2 ER/Outpatient		HER: Nursing Home	5 - Realdence	a D Other (Specify)				
	27. MANNER OF DEATH 1 Natural 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOI		28d. DESCRIBE HOW	INJURY OCCUP	RED		
TED BY	2 Accident 3 Suicide a Could not be detarmined	28s. PLACE OF INJURY — At building, stc. (Specify)	t home, farm, stree	t, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	(Orlean orly)	N: To the best of my knowledge, On the basis of examination and								
B	296. SIGNATURE AND THILE DE CERTIFIER				29c. LICENSE NUI			SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE DF OEATH (17 (Type, Prin	Folds	pora l	Md. 211	634	-4/(5		
	31. DATE FILED (Month, 'Dey, Year) AUG 3 0 '90	DMPLETED CAUSE DF OEATH (DO BOX 32. REGISTRAP'S SIGNATUR Julia Davidson	n-Randell		, , ,		- 0			

55 a G. 60

-	FOR STATE	STATE OF MARYLAND / DEPARTMENT (CERTIFICATE	
	REGISTRAR	CERTIFICATE	_

F HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
į	1. DECEDENT'S NAME (First, Middle, Last) TO HN W. JONES 2. DATE OF DEATH MONTH DAY O 9 2 (90 9 50 A M
	4. SOCIAL SECURITY NUMBER 216-16-5479 5. SEX 1 PM 2 F 7 G YRS. 6. AGE (In yrs. last birthday) 1 PUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) (Month, Day, Year) (S-23-14
OR	BALT COURTY GORRAL HOSPITAL RADALS TOWN OF DEATH BALT COURTY GORRAL HOSPITAL RADALS TOWN BALTIMORE
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL (100. STREET AND NUMBER 6500 L'BERTY RD 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21207 USA
BY FUNE	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- 14. RACE - American Indian, Black, White, etc. 15. White, etc. 16. W
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
7	High School College (1-4 or 5+) Social Security Admin. 35 Years
Sol	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
BE	John B. Jones Virgie Murphey
2	19a. INFORMANT'S NAME (TyperFrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Clara R. Jones 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6501 Liberty Rd. Baltimore, Md. 21207
	20a. METHOD OF DISPOSITION 1 Guriel 2XI Cremetion 3 Removal from Stata 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Carroll Cremation Service Hampstead, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, Md. 21136
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate
	ahock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Colon Causer with Enterval metastasis
NO	disease or condition resulting in death) a. Colon Cancer with Entersuit natatures DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
CATI	If any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	that initiated events resulting in death) LAST d.
EDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
	1 VES 2 NMO OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
Sic	EXAMINER? 1 YES 2 NO 1 DOA 4 Nursing Home 6 Residence 6 Other (Specify)
BY PHYSICIAN: M	27. MANNER OF DEATN 1 Netural 6 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.
TO BE C	296. DIGHATURE AND TITLE OF CERTIFIER Attack 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 9 21 90
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (I) TEM 27) (Type, Print)
	31. DATE SEE (MODITY, Day Your) 32 PRECHSTANTS; SIGNATURAS IN JUST

-		-		
		2.19W		TOP
1		if. Pages		Dieto
BALTIMORE, MARYLAND 21203-3146	law requires that the death certificate be executed within 2-rouns after death. Page 6 may be retained by the hospital or attending physician.	r the funeral director, page 5 should be detached for use as the burial-transit permoval.	eal examiner must be notified at once.	TO BE COMPLETED BY CINEDAL DIDECTOR
	SHOUL ST	filled in b	the medi	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 2.3 means be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO DE CONTRETE DE DIVIDITAL MEDICAL DECEMBER DE CA

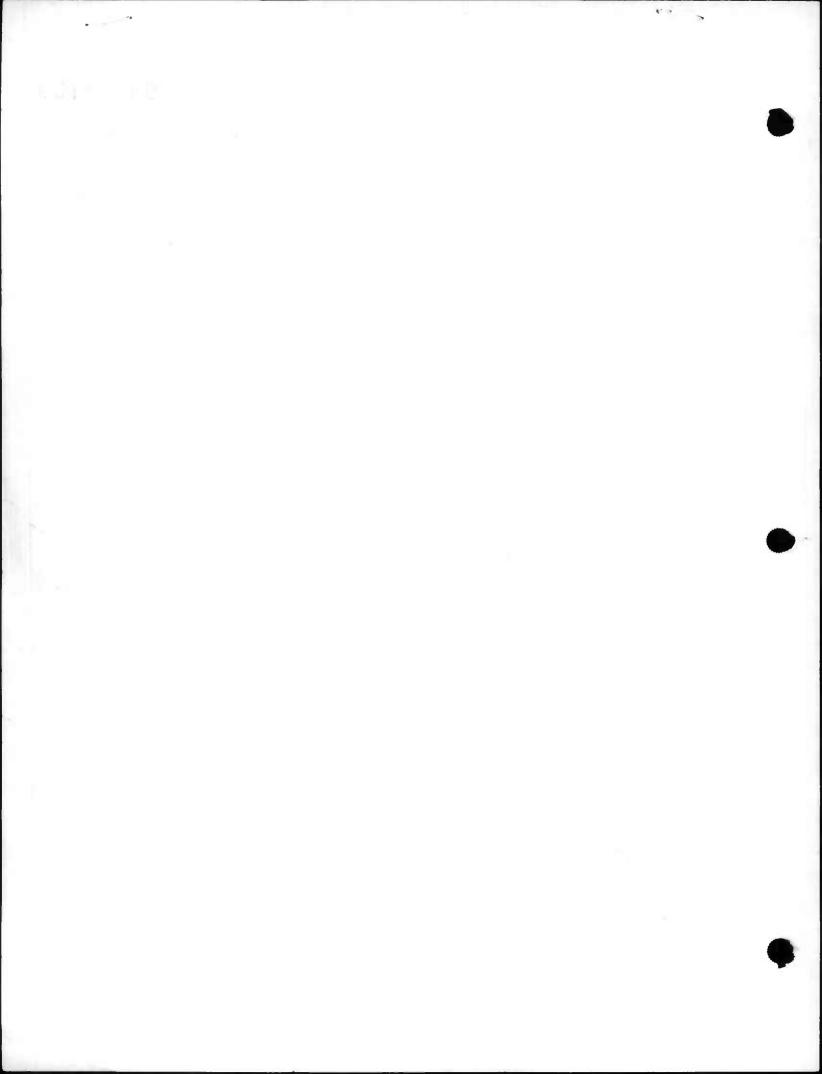
	1. DECEDENT'S NAME (First,	Middle, Last)							2	DATE OF	EATH DA		YEAR	3. TIME OF DEATH
	Harry	JO:	HNSON							MONTH Se		3, 1		0312 A .M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1		UNDER 24 H		Month, Day	IRTH			IPLACE (State or Foreign
	229 09 3766		1 M 2 - F	76	YRS.	MONTHS	DAYS HO	JPIS MI	N.	6 26				ucky
	Sa. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, T	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						EATH	
DIRECTOR	Calvert Memo	rial	Hospital		Prince Frederick					,Md		Cal	vert	
題	10a. STATE	10b. COUNT	Y		10e. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
8	MD	St	. Mary's	5	Le	xingt	on Pa	irk						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE							WHAT COUNTRY?		
8	5 Lei	Drive					206	553				A		
5	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S. A		13. W	S DECEND	ENT OF H	SPANIC	ORIGIN? (Sp Puerto Ricen	ecify Yes	or No—	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 💢 3 Widowed 4 Divo			WAR OR DATES	INO		YES 2			POSITO RICEII	, 416.)	- 4	Spec	
											whi	te		
COMPLETED	15. DEC (Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					UPATION ing most of	working		16b. KJN	D OF BUS	INESS/IND	DUSTRY	
ا ۲	Elementary/Secondary (0-12) College (1-4 or 5+)			+) "	Man =					1	Mote	1		
Ž	17. FATHER'S NAME (First, M		Mana	iger	10	MOTHER	C NAME	(First, Middle						
ö	Pet	John	son					Gambe		Justinerroy				
H	19a. INFORMANT'S NAME (1					ADDRESS (State Zie	Codel	
2	Lois Smith					3ox 20						, 0,,,,,	, , , ,	
	20s. METHOD OF DISPOSIT	ION				SITION (Name						CATION —	City or To	own, State
	1 Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		noval from State	other	plece)	od Me						burn		
			DENSEE,	1/1	0011110					JTY			, , , , ,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, Owings, MD 2											D 20736		
	23. PART I. Enter the diseases, or complications that dailed the death. Do not sinter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line.													
	IMMEDIATE CAUSE (Fir		List only one ca	use on each m	16.									Onset and Death
	disease or condition resulting in death)	→	. CARD	10- R	PUSP IRATORY ARREST								5 mis .	
														many
Z	Sequentially list condit	lone (a CONG	BTIVE	e HEART FAILURE									many wars
Ĕ	If any, leading to imme	dieta			A CONSEQUENCE OF):									many
CERTIFICATION	CAUSE (Disease or Inju	iry		TOMET DIABLES MILLITHE TO (OR AS A CONSEQUENCE OF):					143					years
E	that initiated events resulting in death) LAS	т	DOE IV	O (ON AS A COMS	EOUENCE C	-):								
员			d	-										1
	PART II. Other significa	PART II Other significant conditions contributing to death h						but not resulting in the underlying cause given in						
2			_					_		nrt i. 24		AUTOPSY	241	b. WERE AUTOPSY FINDINGS
=	severe		na contributing to					_			PERFOR	MED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE
VEDI			_					_				MED?	248	AMAILABLE PRIOR TO
N: MEDICAL			_					_			PERFOR	MED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	Severe 25. WAS CASE REFERRED T	periz	pheral.			islas				_ 10	PERFOR	MED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	Severe	periz	_	vasculo	d d	ISCRAP	26. PLACE	OF DEAT	H (Chec	_ 10	PERFOR	MED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	25. WAS CASE REFERRED TEXAMINER? 1 VES 2 VMO 27. MANNER OF DEATH	perio	HOSPITAL:	ER/Outpetient	3 DOA 200, TH	OTHER:	26. PLACE	OF DEAT	H (Checi	1 [PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: 1	25. WAS CASE REFERRED TEXAMINER? 1 VES 2 VMO 27. MANNER OF DEATH	periz	HOSPITAL:	CER/Outpetlent	3 DOA 200, TH	OTHER:	26. PLACE	OF DEAT	H (Check	k only one)	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: I	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	O MEDICAL Pending investigation Could not be	HOSPITAL: 190 Inpatient 2 28a. DATE 0 (Month,	ER/Outpetient	3 DOA 28b. TH	OTHER: 4 Nursi	26. PLACE ing Home 5 isc. INJURY WORK? 1 YES	OF DEAT	H (Check	t only one) Other (Screen, LOCATIO	PERFOR	MED?	CCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	O MEDICAL. Pending investigation	HOSPITAL: 190 Inpatient 2 28a. DATE 0 (Month,	ER/Outpetient OF INJURY OF INJURY — At	3 DOA 28b. TH	OTHER: 4 Nursi	26. PLACE ing Home 5 isc. INJURY WORK? 1 YES	OF DEAT	H (Check	t only one) Other (Screen, LOCATIO	PERFOR	MED?	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 W6 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER 1 CERT	O MEDICAL Pending investigation Could not be determined	HOSPITAL: 190 Inpatient 2 28a. DATE 0 (Month,	ER/Outpetlent F INJURY OF INJURY — At ,, etc. (Specify)	3 DOA 29b. Til	OTHER: 4 Nursi	28. PLACE ng Home 5 88c. INJURY WORK? 1 YES y, office	OF DEAT	H (Checi	1 [Other (Sp. 286, DesCRit Chy or R.	PERFOR YES 2 HOCKLY) BE HOW I	MED?	CCURED or Flurid	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER 1 CERTIFIER Check only	O MEDICAL Pending investigation Could not be determined	HOSPITAL: 112 Inpatient 2 28a. DATE O (Month). 28a. PLACE building	ER/Outpetient F INJURY OF INJURY — At ,, etc. (Specify)	3 DOA 28b, Till IN home, farm,	OTHER: 4 Nursi	28. PLACE by Home 5 88c. INJURY WORKY 1 YES y, office	OF DEAT	H (Checi	Other (Sp. 286, LOCATION Chy or R.	PERFOR YES 2 POCITY) BE HOW I NN (Street common, State)	NJURY OC	or or Runal	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
COMPLETED BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER 1 CERTIFIER Check only	O MEDICAL Pending investigation Could not be determined	HOSPITAL: 112 Inpatient 2 28a. DATE 0 (Month, 28a. PLACE building	ER/Outpetient F INJURY OF INJURY — At ,, etc. (Specify)	3 DOA 28b, Till IN home, farm,	OTHER: 4 Nursi	28. PLACE 28. PLACE 38. INJURY WORKY 1 VES 1, office 4, date and inlon, death	OF DEAT	H (Checi	k only one) Other (Scaled, DESCRI) 281, LOCATICO City or R the cause(e	PERFOR YES 2 POCITY) BE HOW I NN (Street common, State)	NJURY OC	or Flural	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BE COMPLETED BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1	O MEDICAL Pending investigation Could not be determined	HOSPITAL: 112 Inpatient 2 28a. DATE 0 (Month, 28a. PLACE building	ER/Outpetient F INJURY OF INJURY — At ,, etc. (Specify)	3 DOA 28b, Till IN home, farm,	OTHER: 4 Nursi	26. PLACE 26. PLACE 27. PLACE 28. INJURY WORK? 1 VES 1 VES 29. office 29.	OF DEAT Reside AT 2 N Place, an occured c. LICENS	H (Checi	k only one) Other (Scaled, DESCRI) 281, LOCATICO City or R the cause(e	PERFOR YES 2 POCITY) BE HOW I NN (Street common, State)	NJURY OC	or Flural	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.
COMPLETED BY PHYSICIAN: I	25. WAS CASE REFERRED T EXAMINER? 1	O MEDICAL Pending investigation Could not be determined TIFYINO PHYS NCAL EXAMINI E of CLITTLE	HOSPITAL: 112 Inpetient 2 28a. DATE O (Month, 28a. PLACE building	ER/Outpetient of INJURY Day, Year) OF INJURY — At g, etc. (Specify) of my knowledge, exemination and/o	3 DOA 28b. Till IN home, farm,	OTHER: 4 Nursi	26. PLACE 26. PLACE 27. PLACE 28. INJURY WORK? 1 VES 1 VES 29. office 29.	OF DEAT Reside AT 2 N place, an	H (Checi	k only one) Other (Scaled, DESCRI) 281, LOCATICO City or R the cause(e	PERFOR YES 2 POCITY) BE HOW I NN (Street common, State)	NJURY OC	CURED or or Rural sted,	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after neath with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		- 1

	FOR	OTATE OF 1440V4 AV	UD / DEDAG				. 9	00 07100
	1 - STATE REGISTRAR	STATE OF MARYLAI		IMENI OF		REG. NO	E	90 27130
	1. DECEDENT'S NAME (First, Middle, Last)		16hn	Son		2. DATE OF DEATH	97	YEAR 2 SO A M
		I M 2 TYE	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. CHITE OF BUITN (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	577-24-1085 9a. FACILITY NAME (If not institution, give street	69		9b. CITY, TOWN	OR LOCATION OF DE	4-30-21 atn		Wash D.C.
TOR	10334 Old Forte RO	padbac		Fort V	Vashingto	n	Prin	ce George's
DIRECTOR	10s. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	N/A N/A 10e. STREET AND NUMBER	C E #516	L Was	1.5	01. ZIP CODE 20020			EN OF WHAT COUNTRY?
FUNERAL	2330 Good Hope Rd	12. WAS OECEOENT EVER IN U	U.S. ARMED	13. WAS OF	CENDENT OF NISPAN	IIC ORIGIN? (Specify Ye		14. RACE — American Indian,
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Maxicai S 2 NO Specify			Black, White, etc. Specify: Black
COMPLETED		TION propleted) College (1-4 or 5+)	Give kind of the Do NOT us Secret	USUAL OCCUPAT work done during n se retired.)	ION nost of working	Navy De		
BE COMF	12th 17. FATHER'S NAME (First, Middle, Last) Henry Briscoe		550200			ME (First, Middle, Maiden Thompson	-	
TO B	19a. INFORMANT'S NAME (Type/Print) Joanna Whitaker					Houte Number, City or Tow		Code) O.C. 20020
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remov		other place)		emetery, cremetory or			City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE		ncoln M / #747	Robe		on Funera		
	23. PART I. Enter the diseases, Dr cD shock, or heart fallure. LI			not enter the m	ode of dying, such	h se cardiac or resp	lretory sm	est, Approximate Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Arteriore	uhoro	neeler	Hireor	hust-18	gau,	Make Onset and Death
-		OUE TO (OR AS A	CONSEQUENCE O	fre	n plile	nust-190	icle	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A G		V				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	OUE TO (OR AS A	CONSEQUENCE O	(F):				
	PART II. Other significant conditions	contributing to death bu	t not resulting	in the underlyi	ng ceuse given in	Part I. 24s, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
OICA						PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						_		1 TES 2 NO
CIAN	25. WAS CASE TO PRED TO MEDICAL	HOSPITAL:		28. OTHER:	PLACE OF GEATH (C)	sine)		
IXSI		1 Inpetient 2 ER/Outpe	tient 3 DOA	4 - Nursing No	ome 5 Asidence			NAME OF THE OWNER OWNER O
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY Y	NJURY AT VORK? YES 2 NO	28d. DESCRIBE NOW	INJUNY OCC	CONED
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, fy)	street, factory, of	fice	28f. LOCATION (Street City or Town, State		or Rural Route Number,
COMPLETED	tonion only	IAN: To the best of my knowle On the basis of examination						ed, e cause(a) and manner as stated.
BE	HARLES TO TITLE OF GERTIFIER	driega	02 11	り	2 CLICENSE NUI	MBER 33	29d. DAT	E SIONED (Month, Day, Year)
5	56. NAME AND ADDRESS OF PERSON WHO				1		-/	2 1.3

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1. DECEDENT'S NAME (First Dawson)		S	(At)	Kar	gbo		DEATI	2	2. DATE OF MONTH	DAY	,	YEAR 3	8:24AM
1	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In y	rs. last birthday YRS.	MONTHS	YEAR DAYS	IF UNDER 24	MIN.	DATE OF E (Month, De	BIRTH ny, Year)		Country)	Africa
CTOR		lworth		9b. CITY, TOWN OR LOCATION OF East Bldg.312 Bladensbu					N OF DEAT	ម ែ	7.1	9c. COUN	TY OF DEA	
DIRECT	RESIDENCE OF DE 100. STATE Maryland	10b. COUNT	v e George			10c. CITY, TOWN OR LOCATION Bladensburg								od. INSIDE CITY LIMITS?
BY FUNERAL	100. STREET AND NUMBER 3801 Kenilw	#312			10f	2071	.0		I	100	EN OF WH	AT COUNTRY? Leane		
	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dolv		12. WAS DECEDED FORCES? IF YES, GIVE	YES	2/2/10	13. W	Yes, sp	ENDENT OF ecity Cuben, 2 2 100	HISPANIC Maxican, Specify:	ORIGIN? (S Puerto Rica	pecify Yee n, etc.)	or No—	14. RACE - Black, 1 Specify:	American Indi White, etc.
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TO BE	194. INFORMANT'S NAME (Badra Kargb					64th.		and Number o	or Rural Rou	ute Number, (0737
Hust De	20e. METHOD OF DISPOSI 1 Burlel 2 Cremet	on 3 Alaser or (Specify)		20b. P	ther place) Priva	ate Ce	met	ery			Free		/Sie	rra Lec
cxaminer	21. SIGNATURE OF FUNER	IAL SERVICE L	CENSEE	0	0	22. 1	NAME A	ND ADDRESS						eral Ho
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event, the medical	23. BURT I. Enter Missing or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fallure	. Mult:	iple s	he death. Do h line. stab ar	not enter	the mo	oda of dyln	ng, auch				_	Approximinterval B
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DHMH-16 Rev 1/89

		1 - STATE REGISTRAR			/ DEPAR				H	REG. NO.	_	0	27132
	Lizh kid	1. OECEOENT'S NAME (First, Middle, Last Dorothy	Hamilton	n	Koe	nig				2. DATE OF DEATH DO NONTH DO NOTH DO N		VEAR 3.	3:30pM 4
D		4. SOCIAL SECURITY NUMBER 212-70-3009	5. SEX 1 M 2 M F	6. AGE (In yrs.		IF UNDER	YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/06/11		Country)	ACE (State or Foreign
Should		9a. FACILITY NAME (If not institution, give		/.		9b. CITY,	TOWN OF	R LOCATIO	N OF DEA			TX Y OF DEAT	н
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permit. Pages 1,	DIREC	10s. STATE 10b. COUN	nne Arund	2]		y, town o evern							d. INSIDE CITY LIMITS? YES 2 NO
.ts	ERAL	100. STREET AND NUMBER LINSTEAD ROS	ad				101.	ZIP CODE	2114	6		A.	T COUNTRY?
ing physician. the bunal-transit	BY FUN	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	11	yes, spe	cify Cuban		C ORIGIN? (Specify Yes, Puerto Ricen, etc.)	or No- 1	Black, W Specify:	American Indian, Thite, etc.
or attend or use as	ETED 1	(Specify only highest grad	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					N st of working	g	16b. KIND OF BUS	SINESS/INDU		WIIIGE
e pi	COMPL	10 Am			Home	make	<u> </u>			Home			
# 8 € €	BE CO	17. FATHER'S NAME (First, Middle, Lest) Howell R. Hami							E (First, Middle, Meiden W. Wells	Surname)			
be retained t ge 5 should e notified	10	Mrs. Judith K.	Wrucke							Columbia		MD	21044
2 2		20e. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Re 4 Denetion 5 Other (Specify)	moval from State	20b. PLAC other H11	e of dispo place) Lcrest	SITION (Nai	ne of cem	petery, crem	atory or		cation - ci		State
after death. Page 6 mi by the funeral director, smoval.		21. BIGNATURE OF FUNERAL SERVICE	ACENSEE .	- /	1/	22.1	NAME AN	D ADDRES		шту 495 I	Ritchie	Hwy	MD 21146
be executed within 24 hours clan and completely filled in for to bunal, cremation, or re raumatic event, the med	FICATION	23. PART I. Enter the diseases, Dishock, or heert fellure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. A C U T	E CO (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEOUENCE C	19: 17:	I	NSI	IFFI				Approximate Interval Between Onset and Death
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v requires that the been signed by t. of Health and shows any it.	MEDICAL	PART II. Other algnificent condition	ona contributing to	death but no	t reaulting	in the un	derlylng	g ceuse g	ilven in F	Part I. 24a, WAS AN PERFOI	RMED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO SMPLETION DF CAUSE F DEATH? YES 2 NO
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TTENDI TOR: A after de	тер ву	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e. PLACE C	F INJURY — At etc. (Specify)	home, farm,	street, fact	ory, office			28f. LOCATION (Street City or Town, State		or Rural Rout	te Number,
OU OUT	COMPLET	298. CERTIFIER (Check only one) 1 CERTIFYING PHY											nd menner as stated.
TO THE HOSPITAL (TO THE FUNERAL DE FIED WITHIN 72 P. IMPORTANT: IT IN	BE	296. SIGNATURE AND TITLE OF CERTIF		M.				29c, LICE	RISE NUM	95 7	29d. DATE	SIGNED (M	onth, Day, Year) - 90
	T0	108 AS KGW	TO N	SE OF DEATH (I		o, Print) SEV (SA	NA	nic		ca n	27	and
		SEP 2 0 1990	Julia Davids	A ASTOR	182								

TO BE COMPLETED BY FUNERAL DIRECTOR

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o,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prouns after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
374	ecute	nd co burial	atic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	pe ea	ior to	שחש
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M					EALTH AND	MENTA	AL HYGIEI REG. NO		0	271	33
1. OECEDENT'S NAME (First) Beulah Gert		auffman					DEA.III	2. DAT MON Augu	E OF OEATH	DAY	YEAR 990	3:10	
4. SOCIAL SECURITY NUME	BER	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs	(last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH (th, Day, Year)			LACE (State or	
90. FACILITY NAME (If not in Williamspor	t Nursi						iamspor			9c. coun Washi	ingto		
Maryland	10b. COUNTY	ington			y, town							Od. INSIDE CI LIMITS?	
100. STREET AND NUMBER 22 West Sid	e Avent	ıe				101	2174	0		USA	EN OF WH	AT COUNTRY	
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	™ NO		If yes, sp	ENDENT OF HISP ecity Cuben, Mexi- 2 NO Spec	can, Puerto		ee or No	14. RACE - Black, 1 Specify: Whit	- American in White, etc.	dien,
	EDENT'S EDUC. ly highest grade of 0-12)			DECEDENT'S (Give kind of a life. Do NOT us	usual o work done se retired.)	during mo	ON at of working	16	b. KINO OF BI	USINESS/INDU	USTRY		
John Ford	fiddle, Last)						18. MOTHER'S P	HAME (First,		n Surneme)			
Maureen Y.	Hann			32 G1	ensi	de A	Number or Rura Ave., Ha	gers	town,	Md. 2	1740		
20e. METHOD OF DISPOSIT 1 1 Duriel 2 Cremetic 4 Donation 6 Other 21. SIGNATURE OF FUNERA	on 3 🗆 Remo		othe	or place)	en C	emet	ery ADDRESS OF			ocation - c agerst			and
1500	X C	00.	nece	R	1	MINN	ICH FUNI E. Wilso	FRAT.	HOME .vd.,Ha	agerst	own,	Md. 2	1740
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit	nasrt fellure. L	Resp	irato oras a con monia		lure		ue of dying, sc	on as ca	Total Of Fas	printory sire	,		Between nd Death
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS	ing c			NSEQUENCE O									
Cachexia			death but n	ot resulting	in the u	nderiyin	g cause givan i	n Part I.		N AUTOPSY ORMED?	1	VERE AUTOPSY WAILABLE PRIC COMPLETION OF DE DEATH?	OT PK
Suspected		ancy									1	YES 2	NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2XXNO	O MEDICAL	HOSPITAL:	ER/Outpatien	n 3 🗆 DOA	OTHE MXNu	R:	ACE OF DEATH (
	Pending Investigation	28e. DATE OF (Month, Da	ny, Year)		JURY M	1 🗆	URY AT ORK? YES 2 NO	28d. Di	EŞCRIBE HOW	/ INJURY OCC	URED		
4 Homicide	Could not be determined	28e. PLACE Of building,	F INJURY — A etc. (Specify)	t home, farm,	atreet, fac	tory, offic	•	261. LO	CATION (Stree y or Town, Stet	et end Number le)	or Rural Ro	ute Number,	
anal		: On the basis of ex										and menner as	stated.
296. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	Deve	COMPLETED CALLS	SE OF DEATH	(ITEM 27) (%	Delet)		29c. LICENSE N D 3370(29d. DATE	SIGNED (Month, Day, Yee	nr)
Dr. Ted E.	Howe,	18100 Ma	rden I	Jane, (, M	20832						
31. AUG Z 800 9T) ^{16ar)}	SZ REGISTRA	S SIGNATUR	mdell.									

THE THE

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 212	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the pound after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	example setting to be a month of the model of the most interest or other presents the model and available be modified to another or and

	FOR STATE REGISTRAR		STATE OF I		ERTIF					MENTAL	HYGIEN REG. NO		90	27134	
	1. DECEDENT'S NAME (FIRST	1058	ANI	FECA	KE	EAR	NE	y		2. DATE O	2	8 9	70	3. TIME OF DEATH	
7	4. SOCIAL SECURITY HUMINI 198-09-7654	ier 4	MONTHS DAYS HOURS MIN (Month, Day, Year) Country)								PLACE (State or Foreign) ISylvania				
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)									9c. COUNTY OF DEATH			
D.	Milestone (Garden	Apartme	nts			Wil	liam	spor	t		Was	shing	ton	
DIRECTOR	10a. STATE	10b. COUNTY				Y, TOWN O			-					10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Was	hington			Will:		<u> </u>						1 X YES 2 NO	
RAI	Milestone	Carden	Apt 2H				101	217	-			USA		HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Divo	Married	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — America							<i>y</i> :					
COMPLETED		EDENT'S EDUC y highest grade 0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done o	during mo	ON st of worki	ng	16b. N	IND OF BU	SINESS/IND	USTRY		
BE CON	17. FATHER'S NAME (Flist, M. John P. Wh									ME (First, Mic Ces K					
TO B	Michele Ei				196. MAILING 15 L					Route Number			Code)		
	20a. METHOD OF DISPOSIT 1 XBurial 2 ☐ Crematic		oval from Stata	other	DE OF DISPO				metory or			CATION —			
	4 ☐ Donation 5 ☐ Other 21, SIGNATURE OF FUNERA		ENSEF	Res	t Hav				SS OF FA	CILITY	На	igers	town,	Maryland	
	Sco	NO	nin.	nico	R	l	MINN 415	ICH E. W	FUNE ilso	RAL H	OME d.,Ha	igersi	town,	Md. 21740	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)	aart failure.	List only one can	at coused the use on sech li	ATI	c (Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata iNG iry	с	O (OR AS A CONS						•					
PHYSICIAN: MEDICAL C	PART II. Other significa		e contributing to	death but no	t resulting	in the un	nderlyin	g cause	given in		PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED T	O MEDICAL				2	28. PL	ACE OF C	DEATH (Ch	eck only one					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 - Nun		e 5 🗆 R	esidenca	6 Other	(Specify)				
BY PHY	27. MANNER OF DEATH 1 Natural 5 Accident	Pending Investigation	28a. DATE O	F INJURY Day, Year)	28b. Ttl	JURY	and the second	HRY AT	□ NO	28d. DESC	RIBE HOW	INJURY OC	CUREO		
8	3 Suicide 6 Homictde	Could not be detarmined	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fact	lory, offic	•		28f. LOCAT City or	TON (Street Town, State	end Number)	or Rural A	oute Number,	
COMPLET	conton only		CIAN: To the best of											and manner se stated.	
BE	28% SIGNAPUSE AND TITES	OF CENTRAL	Char	ily	m	1		29c. LIC	ENSE NUI	398	-	29d. DAT	E SIGNED	(Month, 9ey, Year) 8/90	
10	30. NAME AND ADDRESS O	R.	o completed cal	SE OF DEATH (5.0	Clei	rela	nd r	Ave	Ha	gers	stown, med	
	31. DATE FILED (Month, Day,	Ybar)	22 BEGISTR	AN'S SIGNATURE	Danie and									21740	

No. of

		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	SIAIE UF I				F HEALTH OF DEA	TH	NTAL HYGIEN REG. NO	_	27135
	1	Charles	I	Keith				2	MONTH D	o".	3. TIME OF DEATH 8:55 P
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	DATE OF BIRTH	BIRTHPLACE (State or Foreign				
	-	058-12-3154	1 XM 2 - F	69	YRS.	(Month, Day, Year) 02 24 2	ew York				
sho		9e. FACILITY NAME (If not institution, give	atreet and number)			1	Y OF DEATH				
2, 3	CTOR		spital			East	ton			Tal	lbot
8	Ш	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
- Pages	DIR	NY Stei	ıben		Ca	ampbe.	L1				LIMITS?
permit.	AL	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CITIZEI	N OF WHAT COUNTRY?
18	1 6	Route 1, Box 3	39				14	4821			
physician. burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		NT EVER IN U.S. I X YES 2 MAR OR DATES	ARMED NO	II ye		en, Mexican, P	ORIGIN? (Specify Yer Puerto Ricen, atc.)	e or No 14	i. RACE — American Indian, Black, White, atc. Specify:
r attending physuse as the buri	0 8			Kore		1					white
use afte		15. DECEDENT'S EDI (Specify only highest grad	completed)		(Give kind of a life. Do NOT us		PATION og most of worki	ing	18b. KIND OF BU	SINESS/INDUS	TRY
pital o		Elementary/Secondary (0-12)	College (1-4 or 5		ervic				refrig	erati	on
AND Z1203-31 the hospital or attending detached for use as the	ONCE.	17. FATHER'S NAME (First, Middle, Last)		5	GIATO	eman	18, MOT	HER'S NAME	(First, Middle, Maiden		. 011
3 3	ᇤᇔ	Clinton M. Kei	.th				Наз	rriet	Elliot	+	
AHA	TO B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St			te Number, City or Tox		pde)
5 2 2	TO TO	Shirley G. Kei	th						bell NY	148	21
	E E	20e, METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rer 4 Donetion 8 Other (Specify)	noval from State	othe	r place)	meter	of cemetery, cred	matory or			y or Town, State
Pag ral di	examiner	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE				E AND ADDRE				
after death. y the funeramoval.	exau	> STONN TO	S. ME	ERCE	RON		ston,		al Home		
s after by th	medical	23. PART I. Enter the diseeses, or	complications the	et ceused the	deeth. Do i					iratory arres	
filled in to	Ē	ahock, or heart fellure IMMEDIATE CAUSE (Finel	List only one cs	use on eech					. 0		Interval Betwee
	event, the	disease or condition resulting in death)	. Arter	O SC (OR AS A COM	SEQUENCE O	e Co	rdio	vaso	ular I	Disea	se
cate be executed within shysician and completely e prior to burial, creman	or other traumatic e	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	O (OR AS A CON							
h certifi anding p Hygien	0 1.1	reaulting in death) LAST	d								
death certifi e attending p ental Hygien	L CE	PART II. Other significant condition	ns contributing to	deeth but n	ot resulting	In the unde	rlying csuse	given in Pa			24b. WERE AUTOPSY FINDIN
be death certificate afterding properties.	L CE		d	deeth but n	ot resulting	In the under	rlying csuse	given in Pa	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
be death certificate afterding properties.	any injury, o		d to	o deeth but n	ot resulting	In the under	rlying cause	given in Pa		RMED?	AVAILABLE PRIOR TO
be death certificate afterding properties.	MEDICAL CE		d to some contributing to	o deeth but n	ot resulting	in the under	rlying cause	given in Pa	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
law requires that the death certificate been signed by the attending pept, or Health and Mental Hygien	MEDICAL CE			o deeth but n	ot resulting		rlying cause		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
law requires that the death certificate been signed by the attending pept, or Health and Mental Hygien	MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \$2 YES 2 \(\triangle	HOSPITAL:	ER/Outpatier	n 3 🗆 DOA	OTHER:	26. PLACE OF	DEATH (Check	PERFO 1 VES only one) Other (Specify)	RMED? 25 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
law requires that the death certificate been signed by the attending pept, or Health and Mental Hygien	, or Item 23 shows any injury, or YSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PA YES 2 \(\text{NO} \) NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2	ER/Outpatier	rt 3 □ DOA 28b. T/N	OTHER: 4 Nursing ME OF 28	26. PLACE OF Home 5 P	DEATH (Check Residence 8	PERFO 1 VES	RMED? 25 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
OF VITAL RECORDS, F.O. PHYSICIAN: The law requires that the death certificate has been signed by the attending It with the State Dept. of Health and Mental Hygien	marked, or Item 23 shows any injury, of BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 50 YES 2 0 NO 27. MANNER OF DEATH 1 Natural 5 0 Pending Investigation	HOSPITAL: 1 Inpatient 2 289. DATE 0 (Month,	ER/Outpetler F INJURY Day, Year)	nt 3 🗆 DOA	OTHER: 4 Nursing ME OF 28 JURY 1	26. PLACE OF Home 5 P. c. INJURY AT WORK? YES 2	DEATH (Check	PERFO 1 YES only one) Other (Specify) ed. DESCRIBE HOW	RMED? 210 NO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
ISION OF VITAL RECORDS, F.O. TENDING PHYSICIAN: The law requires that the death certificate. After this certificate has been signed by the attending I after death with the State Dept. of Health and Mental Hygien	28 is marked, or item 23 shows any injury, or TED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 50 YES 2 \(\text{ NO} \) 27. MÄNNER OF DEATH 1 1 Netural 5 \(\text{ Pending} \)	HOSPITAL: 1 Inpetient 2 26e. DATE 0 (Month,	ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 Nursing ME OF 28 JURY 1	26. PLACE OF Home 5 P. c. INJURY AT WORK? YES 2	DEATH (Check	PERFO 1 YES only one) Other (Specify) ed. DESCRIBE HOW	RMED? 2 NO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. OF ATTENDING PHYSICIAN: The law requires that the death certific DIRECTOR: After this certificate has been signed by the attending I hours after death with the State Dept. of Health and Mental Hygien	Item 28 is marked, or Item 23 shows any injury, or LETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 152 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation of building investigation of build	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatier F INJURY Day, Year) OF INJURY — A of INJURY — A of my knowledge	at 3 DOA 28b. Tife IN st home, farm,	OTHER: 4 Nursing ME OF 28 JURY M 1 street, factory,	26. PLACE OF Home 5 P F F F F F F F F F	DEATH (Check Residence 8 2 NO 2	PERFO 1 YES Only one) Other (Specify) ad. DESCRIBE HOW BI. LOCATION (Street City or Town, State the cause(e) end me	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO PREO
DIVISION OF VITAL RECORDS, P.O. OF ATTENDING PHYSICIAN: The law requires that the death certific DIRECTOR: After this certificate has been signed by the attending I hours after death with the State Dept. of Health and Mental Hygien	Item 28 is marked, or Item 23 shows any injury, or LETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 152 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation of building investigation of build	HOSPITAL: 1 Inpatient 2 29e. DATE 0 (Month, 28e. PLACE building	ER/Outpatier F INJURY Day, Year) OF INJURY — A of INJURY — A of my knowledge	at 3 DOA 28b. Tife IN st home, farm,	OTHER: 4 Nursing ME OF 28 JURY M 1 street, factory,	26. PLACE OF Home 5 F C. INJURY AT WORK? YES 2 office	DEATH (Check Residence 8 2 NO 2	PERFO 1 YES Other (Specify) ed. DESCRIBE HOW SI. LOCATION (Street City or Town, State the cause(e) and mane, date and place, e	INJURY OCCU and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO PREO PREO Rural Route Number,
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certif THE FUNERAL DIRECTOR: After this certificate has been signed by the attending I had within 72 hours after death with the State Dept. of Health and Mental Hygien	PORTANT: If Item 28 Is marked, or Item 23 shows any injury, or BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 29e. DATE 0 (Month, 28e. PLACE building	ER/Outpatier F INJURY Day, Year) OF INJURY — A of INJURY — A of my knowledge	at 3 DOA 28b. Tife IN st home, farm,	OTHER: 4 Nursing ME OF 28 JURY M 1 street, factory,	26. PLACE OF Home 5 F C. INJURY AT WORK? YES 2 office	DEATH (Check Residence 8 2 2 NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFO 1 YES Other (Specify) ed. DESCRIBE HOW SI. LOCATION (Street City or Town, State the cause(e) and mane, date and place, e	INJURY OCCU and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO PREO Rural Route Number,
DIVISION OF VITAL RECORDS, P.O. OF ATTENDING PHYSICIAN: The law requires that the death certific DIRECTOR: After this certificate has been signed by the attending I hours after death with the State Dept. of Health and Mental Hygien	TANT: If Item 28 is marked, or Item 23 shows any injury, of COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building SICIAN: To the best of	ER/Outpetter F INJURY Day, Year) OF INJURY — A 1, etc. (Specify) of my knowledge examination end	28b. Tilk 28b. Tilk int thome, farm,	OTHER: 4 Nursing ME OF JURY M street, factory, red at the time ion, in my opin	26. PLACE OF Home 5 F C. INJURY AT WORK? YES 2 office	DEATH (Check Residence 8 2 2 NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFO 1 YES Other (Specify) ed. DESCRIBE HOW SI. LOCATION (Street City or Town, State the cause(e) and mane, date and place, e	INJURY OCCU and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO PREO Rural Route Number, 1. cause(e) and menner as stated

LC.T. ne

	1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND I	MENTAL HYGIEN REG. NO		0 27136
199	4. SOCIAL SECURITY NUMBER	PTN PAZEL	B. KERN	ER 1 YEAR	2. DATE OF DEATH DO NONTH DO NOTH DO NOTH DO NOTH DE BURTH,	A AE	AR AM AM AM BIRTHPLACE (State or Foreign
	216-44-4306 	1 □ M 2 3 F	85 YRS. MONTH	DAYS HOURS MIN.	7. DATE OF BIRTH (MAD) ()	TENN.
DIRECTOR	SUDET DE HOERENT 100. STAND 106. COUNT	ONTGOMERY	10e. CITY, TOW	ethesda	mo	mont	40d. INSIDE CITY
	100. STREET AND NUMBER	ntquer	4	ROCKVILLE 101. ZIP CODE		10g. CITIZEN	LIMITS? X YES 2 □ NO OF WHAT COUNTRY?
FUNERAL	1713 GLASTON 11. MARITAL STATUS 1 Never Married 2 Married	NBERRY RD. 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D.	2X NO	20854 3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	S.A. RACE — American Indian, Black, White, etc. Specify:
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S USUAL (Give kind of work do	OCCUPATION ne during most of working	16b. KIND OF BU		WHITE
once. COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 8+)	ADMINIST.	RATIVE ASSI	TREAS ME (First, Middle, Maiden		EPT. FED. GO
TO BE C	CHARLIE 7 19a. INFORMANT'S NAME (Type/Print)	A. BOYDE	19b. MAILING ADDR	MAR ESS (Street and Number or Rural		MYATT	(e)
must be no	BYRON LOF	206	SA) D. PLACE OF DISPOSITION other place) CHAMBER	(Name of cornetery, cremetory or	20c. LO	CATION — City	or Town, State
examiner	21. SIGNATURE OF FUNERAL SERVICE L	icensee amblisad	1	22. NAME AND ADDRESS OF FA	CILITY	ROCKY	VILLE, MD. 20850
Menta systems prod to busin, contactor, or tendoral fully, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the disasses, or shock, or heart failure shock, or heart failure important in the shock of	MYO DUE TO ON AS A	ach iina. CARDIAL II Wella W	NFARCTION VERTENSIVE			interval Between Onset an Dissett
hows any Ir	PART II. Other significant condition NON	ns contributing to death b	out not reaulting in the	undarlying cause given in	Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	petient 3 DOA 4 D	26. PLACE OF DEATH (C)			
28 is marked, or	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY N	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW		
item 28 is	3 Suicide 8 Could not be determined	building, atc. (Spe			28f. LOCATION (Street City or Town, State)	number,
TANT: If	one)	SICIAN: To the best of my know NER: On the besis of examination			time, data and place, a	nd due to the c	ause(a) and manner as stated.
MPOR S	Jane	None.	MD	DD	1471	▶ °	Seas 91)
2 = B	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)		1		

Thirth ng ...

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y #	90		at o
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retain	5 sho		otiff
2	906		96
Hay	N. P.		25
9	rectic		Ē
Pag Se	ig di		ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MAR			TMENT				MENT	TAL HYGIENI REG. NO.	C	0 3	7137
	1. DECEDENT'S NAME (First, Middle, Lest)	10000	Leo	Ber	nard	Krel	bs			ATE OF DEATH	γ	YEAR	. TIME OF DEATH
	L 80	KREB		_					0	9 1	4	90	1530 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. last	birthday) YRS.	IF UNDER 1		HOURS	24 HRS. MIN.	7. DA (M	TE OF BIRTH Onth. Pay. (1997) C. 23, 191	6	Country)	LACE (State or Foreign
	214-01-7127 9e. FACILITY NAME (If not institution, give a		74	THS.	9b. CITY,	701481 05	LOCATI	on or or		1.23,171		MD NTY OF DEA	
-	Shady GROVE Ad		Jackit	()		kvi		ON OF DE	:AIRI				
3	RESIDENCE OF DECEDENT	VENTISET	103 pt 1	46	KOU	KVI.	TTE				ric	ntgom	lery
DINECTOR	10e. STATE 10b. COUNT	Y			Y, TOWN OF							1	od. INSIDE CITY LIMITS?
		gomery		Si	lver								YES 2 NO
2	10s. STREET AND NUMBER					100	ZIP CODI				10g. CIT		AT COUNTRY?
FUNERAL	2709 Emmet Rd.	12. WAS DECEDENT EV	FR IN II S ARI	MEO	13 W		0902		HC OBI	GIN? (Specify Yee	or No	U.S.	A • American Indian,
_	1 Never Merried 2 Merried	FORCES? 1 🔯	YES 2 N	0	lf.	yes, spec	olfy Cuba	n, Mexica	n, Puer	nto Rican, etc.)	01110	Black,	White, etc.
	3 Widowed 4 Divorced	WW II	on on Lo				X	Specify				opeany.	White
	15. DECEDENT'S EDU (Specify only highest grade		18a. DE(CEDENT'S	USUAL OCI work done du se retired.)	CUPATION	N t of workin	ng	П	16b. KIND OF BUS	INESS/INI	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)								r) and m +	ina	
COMPLEIED	1.2 17. FATHER'S NAME (First, Middle, Last)		LL	LHOE	rophe	1	10 MOT	UEDIO NA	ME /El-	st, Middle, Meiden	rint	Tilg	
- 1	Leo Francis Kre	hs								Elizabet	-	าดพาก	
2	19a. INFORMANT'S NAME (Type/Print)	.00	198	. MAILING	ADDRESS	(Street en			_	lumber, City or Town			
2 │	Clara I. Krebs			San	e as	ite	m #	10					
- 1	20s. METHOD OF DISPOSITION DUTIEL 2 Cremation 3 Rem	noval from State	20b. PLACE other pla	OF DISPO	SITION (Nen	ne of cemi	etery, cren	natory or		20c. LO	CATION -	City or Town	n, State
	4 Donation 8 Dether (Specify)		Gate	of F	leaver	n Cer	m.			Sil	ver	Sprin	ng, MD
	21. SIGNATURE OF TUNERAL SERVICE LI	DENSEE /.)	Jos	seph	Gaw	ss of FA	S	Sons, Ir	ıc.		
_	Lunon	Skrum	ores	V	513	30 W	I Av	e. N	JW I	Wash., I	C 20	016	
	23. PART I. Enter the diseases, Di shock, Dr heart fallure.				npt enter t	the mod	le of dy	ing, suc	h ss (cardiac pr reapi	ratory ar	reat,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	colic F.		17	-12		Au						Onset and Death
-	resulting in death)	. CONGES	AS A CONSEC			-	MIL	UKE	2				
.		ISCHEN	11/	CA	2 Dian	אחיף	DAT	44					i
CEMINICALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE C	· · ·	101	/ 1 1 1						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE C	F):								i 1
		d											
4	PART il. Other significant condition	0 -	- 1	_	In the und	deriying	cause	given in	Part I	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
3	Fulminant Hi		allyre			11.				1 DIES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
MED	Kenal Insur	-ticiency	Acu	re i	on	CNI	onic	,					1 TYES 2 TO NO
AN	25. WAS CASE REFERRED TO MEDICAL	Pulmonary	FIL	11031	5	00 104	ACE OF F	DEATH (Ch		1			
2	EXAMINER? 1 YES 2 X NO	HOSPITAL:	Moutantiant 2	□ DO4	OTHER	1:				-1-1			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJ	URY	26b. Til	AE OF	28c. INJU	JRY AT	estaence	_	Other (Specify) DESCRIBE HOW I	NJURY O	CCURED	
2 7	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,)	rbar)	l in	JURY	1 Y		NO					
	3 Suicide a Could not be	28e. PLACE OF IN building, etc.	IJURY — At he (Specify)	me, farm,	street, facto	ory, office	1			LOCATION (Street of City or Town, State)	and Numbe	or Rural Ro	oute Number,
<u>"</u>	4 Homicide determined			1							_		
COMPLEIED	COOL OTHY	SICIAN: To the best of my											
5	2 MEDICAL EXAMIN	ER: On the basis of exam	ination end/or	Investigati	on, in my of	pinion, de	ath occu	red at the	time,	date and place, en	d due to	the cause(s)	and manner as stated.
מ	296. SIGNATURE AND TITLE OF CERTIFIE	9 070 h	MAN	,		- 1		D38		29	29d. DA	TE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE (OF DEATH (ITE	M 27) (Typ	e, Print)		•	שטע	7)	01	Je	Epic Inde	10,1110
	Jonathan S. Plots				ve. W	heat	on.	MD	209	02			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				,						
	SEP 19 '90	guia v	Davidson	Rand	282								

	4. SOCIAL SECURITY N
	233-84-12
\	9e. FACILITY NAME (#
Ē	Memorial
EC	10a. STATE
뜸	W. Va.
AL.	10e. STREET AND NUM
E	Route 1
5	11. MARITAL STATUS
₹	1 Never Married : 3 Widowed 4
	15.
E	(Specification) (Specification)
필	Unknown
Į į	17. FATHER'S NAME (Fil
Ĭ,	Granville
10 8	19a. INFORMANT'S NAI
-	Rosalee F
	20e. METHOD OF DISP 1V Burlel 2 Cres 4 Donation 5 C
	4 Donation 5 0
	X
	7/1
	23. PART Y. Enter &
	IMMEDIATE CAUSE
- 1	resulting in death)
_	
0	Sequentially ilst co
NA I	if any, leading to in cause. Enter UNDE
Ĕ	CAUSE (Disease or that initiated events
CERTIFICATION	resulting in death)
2	PART II. Other eigr
8	
品	
ž	-
CIAN	25. WAS CASE REFERE
SIC	EXAMINER?
E	27. MANNER OF DEATH
94	1 X Natural 2 Accident
0	3 Suicide 4 Homicide
ETEI	
뒽	(Check only one)
00	one) 2
) E	29b. SIGNATURE AND
0	2 1che
	I 20 NAME AND ADDRE

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ТН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE		0 14 1		
1. DECEDENT'S NAME (First, Middle, Last)			112 01	<u> </u>	2. DATE OF DEATH			ME OF DEA	TH
	Virginia C.	Kaylor			Sept.	12, 1	990 3	:45	Р. м
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE Country)	E (State or F	oreign
233 04 1232		61 YRS.			Dec. 6, 1928 W. Va.				
Se. FACILITY NAME (If not institution, give stre	eet and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUN	TY OF DEATH		
Memorial Hospital	& Medical C		Cumber1			A11	egany		
10s. STATE 10b. COUNTY			OWN OR LOCATI	ON				INSIDE CIT	٧
W. Va. Hampsi	nire	Paw F		ZIP CODE				YES 2	NO
			10%	3 1001			ZEN OF WHAT	COUNTRY?	
Route 1 Box 93 A	12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DECI	25434 ENDENT OF HISPAN	IIC ORIGIN? (Specify		S. A. 14. RACE — Ar	nericen Ind	ien
1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuben, Mexice 2 PA NO Specify	n, Puerto Rican, atc.)		Black, White	e, atc.	1011,
3 Widowed 4 Divorced							, ,	White	
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	JAL OCCUPATIO	N at of working	16b. KIND OF I	BUSINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		·						
Unknown 17. FATHER'S NAME (First, Middle, Lest)		<u>Housewif</u>	:e	40 1407115710 114	Homes ME (First, Middle, Maid	naking			
Granville C. Betso	.				45				
19a. INFORMANT'S NAME (Type/Print)	JII .	19b. MAILING ADI	DRESS (Street or		1. Kidwel		Code)		
Rosalee F. Newlon		- 12/1- 71/11-72			Paw, W.				
204 METHOD OF DISPOSITION	200	PLACE OF DISPOSITIO					City or Town, St	tate	
1X Buriel 2 Cremetion 3 Removed Donation 5 Other (Specify)	val from State	other place) Woodr	ow Cem	etery	Pa	aw Paw	, W. Va	а.	
21. SIGNATURE OF JUNERAL SERVICE CO.	NSEE			o accress of fa er Funer	CILITY				
MA	XIL			er runer Paw, W.					
23. PART / Enter the diseases, or co	omplications that caused	the death. Do not				spiratory srn	est,	Approxin	
immediate cause (Fine)	ist only one cause on a	ech line.					į	Onset an	
disease or condition resulting in death)	Shock-Car	diogenic]7	7 Hou	rs
	DUE TO (OR AS A	CONSEQUENCE OF):							
Sequentially ilst conditions,	Acute M I						1	Erom	MI
if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					i.		. 1
CAUSE (Disease or injury that initiated events		Artery Dis	ease				- 1	to de	ath
resulting in death) LAST							ļ		
							+		
PART ii. Other aignificant conditions	contributing to death b	ut not resulting in t	ha underlying	csuse given in		AN AUTOPSY ORMED?	AMAIL	ABLE PRIOR	R TO
					1 YES	2 📉 NO		PLETION OF EATH?	CAUSE
					-		1 🗆	YES 2 [NO
25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (Ch	eck only one)				
EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL:		THER:		6 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c, INJ	URY AT	28d. DESCRIBE HO	W INJURY OCC	CURED		
1 Matural 5 Pending Investigation	(Month, Day, Year)	INJURY		RK? 'ES 2 NO					
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	et, factory, office		261. LOCATION (Stri City or Town, St		or Rural Route I	Number,	
4 Homicide determined					Only or lown, or	atoj			
29a. CERTIFIER (Check only 1 X CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	t the time, date	end piece, and due	to the cause(e) end	menner ee atat	led.		
and .	: On the basis of examination	n end/or investigation, is	n my opinion, d	eath occured at the	time, data end place	, and due to th	ne cause(a) and	menner as	stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Mont	th, Day, Year)
E KLADY YILLDY	1			D402-90)	▶ S	ept. 19	9, 19	90
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)						
Dr. E. Rhett Jabou	2 32. REGISTRAR'S SIGN	Hospital	600 M	emorial	Ave. Cui	nberla	nd, Md	. 21	502
SEP 1 9 1990 4	ula Davidson-A	indell							

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fter	the	DOVA	ē
13	n by	Геп	pa
HOL	Pa	6	Ĕ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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FOR		ATITE OF 	4 4 POV 4 4 1 1 1						- 0	0 '	27139
1 - STATE REGISTRAR		SIAIE UF I	MAKYLANI	CERTIF	CATE (F HEALTH AND OF DEATH) MEN	REG. NO	_	U	21100
1. DECEDENT'S NAME (First, I	Middle, Last)							OATE OF DEATH	W	YEAR	3. TIME OF DEATH
Dorothy Le	ins Koz	iski					"	09 01		90	2:07 PM
4. SOCIAL SECURITY NUMBER	FR 5.	SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 Y		- "	ATE OF BIRTH Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
220-32-6185	1	☐ M 2- F		76 YRS.	MONTHS D	AYS HOURS MIN		2/26/13			eapolis, Mi
9a. FACILITY NAME (If not ins		and number)			96. CITY, TO	WN OR LOCATION OF		-//	9c. COU	NTY OF DE	
PRINCE GEO		DSPITAL	CENTE	R	(CHEVERLY			Ρ.	G.	
RESIDENCE OF DECI	10b. COUNTY			10c. CITY	r, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland	Prince	George	e's	Lan	dover	Hills					1 YES 2 XNO
10e. STREET AND NUMBER	-					101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
7409 Allison	n Stree	t				2078	1/1			U.S.	Λ
11. MARITAL STATUS		. WAS DECEDEN	T FUED ALLIE	ADMED	40 1100						
1 Never Married 2 TA	ferried	FORCES? 1	YES 2	MNO	If yo	B DECENDENT OF HIS bs, specify Cuben, Mai YES 2 XNO Sp	dcan, Pu	arto Rican, etc.)	or No-	Black Specifi	- American Indian, White, atc. by: White
15, DECE	DENT'S EDUCAT	ION	164	. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESSAN	DUSTRY	
(Specify only	highest grade con	npleted)		(Give kind of v	vork done durli	ng most of working	- 1	TOUR CHIEF OF BU		- 30 · M	
Elementary/Secondary (0- 12th	12)	College (1-4 or 5	+)				- 1	D	. C T		
		T		Secret	ary	1		Dept.		nteri	or
17. FATHER'S NAME (First, Mid						18. MOTHER'S	NAME (F	îrst, Middle, Maiden	Sumame)		
Charles Albe	ert Lei	ns				Anna	Laı	cson			
19a. INFORMANT'S NAME (7)	pe/Print)			19b. MAILING	ADDRESS (S	treet and Number or Ru	rai Route	Number, City or Tow	m, State, Zi	ip Code)	
Stephen Koz:	iski			7409 A	lliso	n Street,	Lar	ndover H	ills	, MD	20784
20a. METHOD OF GENERAL 1 Burlel 2 Committee 4 Donation 5 Other (21, SIGNATURE OF FURERAL	RETWICE LICES	SEE S	Metr		22. NAI Fra 473		h's re A	Sons Fu Ave., Hy	nera atts	1 Hom	Virginia ne, PA e, MD 20781
23. PART I. Enter the dis- shock, or he IMMEDIATE (AUSE (Third disease or condition resulting in death)	ert failure. Lia	cer	EBRC	lins.	ULAR	ACCID					Approximata Interval Between Onset and Dasth
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in death) LAST	lieta NG c			NSEQUENCE OF							
PART II. Other significan	PR		CERE	EBROVE	9SCULA	R ACCIDI			RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PLACE OF DEATH	(Check o	nly one)			
EXAMINER? 1 YES 2 NO		OSPITAL:	ED/Output	m 9 🗆 noa	OTHER:						
27. MANNER OF DEATH	1	28a, DATE Of		_		Home 5 Residen	-		IN ILIMA CA	CHEE	
1 Natural 5 🗆 F	ending nvestigation	(Month, I		26b. TIM	IURY	c. INJURY AT WORK? 1 YES 2 NO		I. DESCRIBE HOW	INJUSTY O	CURED	
3 Suicide a C	Could not be letermined	28e. PLACE (building	OF INJURY — I , etc. (Specify)	At home, farm,	street, factory	, office	281	LOCATION (Street City or Town, State	and Numbe	or Rural F	loute Number,
29a. CERTIFIER 1 CERTI	FYING PHYSICIA	N: To the best o	f my knowledo	e, death occur	ed at the time	, date and place, and	due to th	ne cause(s) and me	Oner se et	eted	
000)											i) and manner as stated.
111	1			- or acreatigated	en, an any opin	non, death occured at	cree time.	, oate and place, &	nu 010 10 1	e c#US#(8) and marrier 88 stated.
296. SIGHIATATISE AND TITLE		1	ATTO	MINE	ollva.	29c. LICENSE	NUMBER	22	29d. DA	TE SIGNED	(Month, Day, Year)
/ man	aulle	ud/m	MILE	ININO /	HYSICH	W D2	TU	73		7/3	190

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S PIGNATURE
JUNA DAMASON

MD

7305

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

9/3/90

BALT. AVE #107 COLLEGE PARK MD. 20740



TO BE C

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BALTIMORE, MARYLAND 21203-3146	i hours after death. Page 6 may be retained by the hospital or attending physician	lled in by the funeral director, page 5 should be detached for use as the burial-transforms. Progress 2. Through	Wal.	medical averages much be notified at once
	hours a	led in by	1, or removal.	madia

27140 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND	MENTA	HYGIEN	90	2	7140
	1. DECEDENT'S NAME (First, Middle, Lest) Martha Elle	en Lowman				2. DATE MONT Sex		, 195	AR	TIME OF DEATH 1:55 A.M
	212-22-3670	1 □ M 2 🖾 F	yrs. lest birthday) 95 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug	OF BIRTH		Country	CE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give stre Sykesville Elde RESIDENCE OF DECEDENT	*	er		Cesvill			9c. COUNTY Ca	OF DEATH	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	rroll	10c. CIT	Sykes	ation SVille				40	LINSIDE CITY LIMITS? YES 2 NO
ERAL	7309 2nd Ave.				21784			10g. CITIZEN	S . A	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 🖾 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 🔀 NO	If yes,	ECENOENT OF HISP/ specify Cuban, Maxic S 2 NO Speci	can, Puerto		or No 14.	RACE — / Black, Wi Specify:	American Indian, lita, atc. Black
COMPLETED	16. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 4 years			usual occupa work done during a se retired.)	nost of working	164	b. KIND OF BUS	HINESS/INDUST	TRY	
	17. FATHER'S NAME (First, Middle, Lest) James Gassaway				16. MOTHER'S N			Sumame)		
TO BE	190. INFORMANT'S NAME (Type/Print) Martha A. Cook				rend Number or Rure	l Route Nun	nber, City or Town			21797
	200. LOCATION - City or Town 1 Description Commention Comment									
	21. SIGNATURE OF FUNERAL SERVICE USE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784									
	23. PART I. Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one couse on ee	ch line. Carchae	beats		ich es cei	rdiec or respi	ratory screat		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury that Initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	onditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AU PERFORME 1 YES 2						RMED?		RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 12 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BOTHER: 26. PLACE OF DEATH (Check only one)									
IASI		1 Inpatient 2 ER/Outpe	tient 3 DOA		ome 5 Residence	_	er (Specify)	N HIEV OCCUE	ED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	IN.	M 1	VORK7 YES 2 NO					N=-
LED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci		silver, rectory, or		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	CONSTRUCTION OF THE STATE OF TH	IAN: To the best of my knowle On the basis of examination							ause(a) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	からかり	n	1.0.	29c. LICENSE N				IT C	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO M. K. M. CEVU Y	COMPLETED CAUSE OF GEA		SVILLE	MO	•	21784	+		
	31. OATE SHED /MONTH, Day, 390	32. AEGISTRATTS SIGNA Filma Day door	A-Randelle							

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		0 21141	
1. DECEDENT'S NAME (First, Middle, Lest)		OZITI II K	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
Chan	les Le	rov L	into	n/	MONTH D		70 445 PM	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
219-14-7845	1 🖾 M 2 🗆 F	66 YRS.	7 26	HOURS MIN.	(Month, Day, Year) Jan. 20, 1	924 1	country) Maryland	
9a, FACILITY NAME (If not Institution, give at				R LOCATION OF DE		1000	Y OF DEATH	
1839 West 01d	Liberty F	Road	Wes	tminste	r	Cai	rroll	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY	
Maryland Carroll Westminster								
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUHTRY?								
1839 West 01d	Liberty R	oad		2115	7	U	.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				IC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	t. RACE — American Indian, Black, White, atc.	
1 Never Married 2 Harried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2- NO Specify			Specify: White	
15. DECEDENT'S EDUC	1	I				***********		
(Specify only highest grade	completed)	16a. DECEDENT'S U: (Give kind of wo	SUAL OCCUPATION rk done during moveritied.)	IN st of working	16b, KIHD OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) NONE		ıtsman		1			
17. FATHER'S HAME (First, Middle, Last)	none	nui	IUSMAII	18 MOTHER'S NA	ME (First, Middle, Malden	Sumamal		
James Ernest	Linton				lia Gate			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rurel i	Route Number, City or Tow	n, State, Zip C	21157	
Irene B. Linto	on	1839 V	West 0:	ld Libe	rty Rd.W	estmi	nster,Md.	
20e, METHOD OF DISPOSITION 1 (L Burlel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSI	Name of cent	netery, cremetory or			d, Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES	1		ID ADDRESS OF FA			w. / 11w. /	
6hete	Dennis 1		Burr	ier Fu	neral Hon Maryland	me 217	84	
23. PART I. Enter the diseases, or o	complications that cause	ed the death. Do no					nt, Approximate	
ahock, or heart failure.	List only one couse on	aach iine.					Interval Between Onset end Death	
IMMEDIATE CAUSE (Finel disease or condition	08.	00/	7 . ()	-01		7	
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)	and	Longo	Thom		37	
_	at.	D 47	- 000	let .	,		1 3v	
Sequentielly list conditions, if any, iseding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	200	0-0-0				
cause. Enter UNDERLYING	C.							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)						
resulting in death) LAST	d							
PART II. Other algnificant condition	ne contributing to death	but not resulting in	the underlyin	o cause alven in	Part I. 24s, WAS AN	AUTOROV	24b. WERE AUTOPSY FINDINGS	
TAIT II. Oller agrillouit condition	_ contributing to death	out not resulting in	die dilderlyin	g cause given in	PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE	
					1 _ YES :	- NO	OF DEATH?	
-					-		1 TYES 2 HO	
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1 TYES 2 NO	1 Inpatient 2 ER/Ou	A Committee of the Comm			6 Other (Specify) 28d. DESCRIBE HOW	IN HURY OCCI	IDEA	
1 - Natural 5 - Pending	(Month, Day, Year)		RY WO	YES 2 NO	290. DESCRIBE NOW	INJUNI OCCU	MED	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUI	IY — At home, farm, st			28f. LOCATION (Street	and Number o	r Rumi Route Number	
4 Homicide 6 Could not be	building, etc. (Sp	ecify)	Tracket of Min		City or Town, State)	377.	
29a. CERTIFIER	ICIAH: To the heat of our fire	wieden daath account	at the time day	and place and a	to the assertal and			
(Check only	ICIAH: To the best of my kno						d. cause(s) and manner as stated.	
- I MEDIONE EXAMINE		···· arrawar mivestryationi		readii oponiton at tim	· ············· · · · · · · · · · · ·	- was to tile	very real and monthly as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE		0		29c. LICEHSE NU	MBER - 1 (CID	29d. DATE	SIGNED (Month, Day, Year)	

32 REGISTRAN'S SIGHATURE
Fulia Davidson-Randage

TO BE COMPLETED BY FUNERAL DIRECTOR.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. ... be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burlal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 1 8 90

BALTIMORE, MARYLAND 21203-3146

A transition of the

10 THE PUSCHIAL DE AFTENDEAR. THIS law requires that have deed contribute to endough the transfer of the majories of a recent of the article

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF DEA	TH	RE	G. NO.		911 //14/	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH		3. TIME OF DEATH	
	Tomie Shi	Tomie Shimura Lamb						Sept. 13, 1990 6:45				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	EAR IF UND	ER 24 HRS.	7. DATE OF BI	RTH	-	L BIRTNPLACE (State or Foreign	
	579-84-2046	1 M 2 F	66	YRS.	MONTHS	MYS HOURS	MIN.	Dec. 1	19:	23	Japan	
	Se. FACILITY NAME (If not institution, give	street and number)		····	9b. CITY, T	OWN OR LOCA	TION OF DI				Y OF DEATH	
DIRECTOR	Shady Grove Adver	ntist Nur	sing Ctr	•	Roc	kville				Mont	•	
띮	10s. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY	
듬				Wa	sh.,	DC					1 X YES 2 NO	
A	10e. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITIZI	EN OF WHAT COUNTRY?	
FUNERAL	4425 Butterworth	Place NW				200	16			U	.S.A.	
3	11. MARITAL STATUS		T EVER IN U.S. AR					NIC ORIGIN? (Sp		or No— 1	4. RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			YES 2 X N		en, Puerto Ricen, y:	e(C.)		Specify: Japanese	
유	15. DECEDENT'S EDI (Specify only highest gred		16a. DE	CEDENT'S	USUAL OCC	UPATION	tina	16b. KIND	OF BUSI	NESS/INDU	STRY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)												
Homemaker Home												
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MC	THER'S NA	ME (First, Middle	, Maiden S	lumame)		
BE	Kikuei Shimura							hirai				
0	19e. INFORMANT'S NAME (Type/Print)							Route Number, Cl			Code)	
	Richard H. Lamb							ick, M				
	20s. METHOD OF DISPOSITION 1 € Burlet 2 □ Cremation 3 □ Rec	movel from Style	other pi	zoe)		of cemetary, or	ematory or				ity or Tirem, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U		Arl.	Nat	'1. Ce	ME AND ADD			Arl	., V	1	
	21. SIGNATURE OF FUNERAL SERVICE L	T. Y.						's Son	s. Ti	nc.		
	Veinor	1 XX	mos	-1				NW Wasi			016	
	23. PART I. Entar the diseases, or ahock, or heart failure	complications the	at caused the de	eth. Do								
	IMMEDIATE CAUSE (Final	. List only one ca				,			/		Onset and Deat	
	disease or condition resulting in desth)	0.	Pe	50	100	Len	7	00/	cer	~	10	
		DUE TO	(OR AS A CONSE	DUENCE C	OF):	/	,			1		
Z	Sequentially list conditions,	b	meto	e	Ant.	4	0/13	-cer	R	A	er /4	
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	002 10	(OR AS A CONSE	DUENCE (F):	ano	00	ches	6	ste-	recy T	
윤	CAUSE (Disease or injury that initiated events	C. DUE TO	OR AS A CONSE	DUENCE (OFI;	,						
E	resulting in death) LAST	. "	nala	124	Les	tea	1 ~				Lan	
		d	- //								0	
ICAL	PART II. Other significant condition		1	_			given in	Part I. 24e.	PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
		rec	ry de	d 7	ca	~		1 [YES 3	NO	COMPLETION OF CAUSE OF DEATH?	
ME								_			1 TES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (C	heck only one)				
S	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3	_	4 🖄 Nursi		Reeldence	8 Other (Spe				
l > l		28a. DATE O	FINJURY Day, Year)	28b. TII	JURY	8c. INJURY AT WORK?		28d. DESCRIB	E NOW IN	JURY OCC	URED	
PHYSICIAN	27. MANNER OF DEATN	(Month, i	, ,		M	1 YES 2	I NO					
ву рну	1 Natural 5 Pending 2 Accident Investigation			<u> </u>			_ NO					
ВУ	1 Netural 5 Pending	28e. PLACE (OF INJURY — At he	eme, farm,	street, factor			261. LOCATION City or Tox		nd Number o	or Rural Route Number,	
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE (OF INJURY — At he	eme, ferm,	street, factor					nd Number o	or Rural Route Number,	
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide 6 Certifier (Check only 1 CERTIFYING PHY	28e. PLACE (building	OF INJURY — At ho	eth occur	red at the tim	y, office	ice, end du	City or Too	end man	ner as state		
COMPLETED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide 6 Certifier (Check only 1 CERTIFYING PHY	28e. PLACE (building SICIAN: To the best of MER: On the basis of	OF INJURY — At ho	eth occur	red at the tim	e, date and ple nion, death oc	ice, and ducured at the	City or To	end man	ner as state	d.	
ED BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. PLACE building	OF INJURY — At ho, etc. (Specify) If my knowledge, deexamination end/or	eath occur	red at the tim	e, date and ple nion, death oc	ice, and ducured at the	e to the cause(e)	end man	ner as state	d. ceuse(s) and manner ee stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. PLACE obuilding SICIAN: To the best of dER: On the basis of derivative of the completed CAL	OF INJURY — At ho, etc. (Specify) If my knowledge, de examination end/or	M 27) (Typ	ored at the tirriton, in my op	e, date and ple nion, death oc	ice, end ducured at the	city or Ton to to the cause(e) time, date end time Time Time Time Time Time Time Time T	end man	ner as state	d. ceuse(s) and manner ee stated.	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	28e. PLACE obvioling SICIAN: To the best of dER: On the basis of derivative of the completed cat. The completed cat. 11 92. REGISTR	OF INJURY — At ho, etc. (Specify) If my knowledge, de examination end/or	M 27) (7)	e, Print)	e, date and ple nion, death oc	ice, end ducured at the	city or Ton to to the cause(e) time, date end time Time Time Time Time Time Time Time T	end man	ner as state	d. ceuse(s) and manner ee stated.	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Prome be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYG REG.		9-2	7143	
4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAYS A	YEAR 3.	TIME OF DEATH	
		minute:							S Gm W	
	4. SOCIAL SECURITY NUMBER 8. SEX	6. AGE (In yrs. les	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	ir)	Country)	CE (State or Foreign	
	579-10-5776 1 M 2 9a. FACILITY NAME (If not institution, give street and num	A / / /	YRS.			05/23/1			ngton, DC	
OR	7501 Riverdale Road,	T'			Carrollton			e Geo		
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TOWN	OR LOCA	ION			100	1. INSIDE CITY	
L DIRECTOR	Maryland Prince Geo	orge ^t s	New C		Iton		40- 077	1) ZEN OF WHAT	LIMITS?	
ERA	7501 Riverdale Road,	#2007		10	20784			S.A.	COOMINIT	
BY FUNERAL	11. MARITAL STATUS 12. WAS DI	ECEDENT EVER IN U.S. AR IS? 1 YES 2 XI GIVE WAR OR DATES	RMED 13.	If yes, sp		NIC ORIGIN? (Specifin, Puerto Rican, ato	y Yea or No-			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	ECEDENT'S USUAL O	CCUPATIO	ON at of working	16b. KIND O	BUSINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) College (1	I-4 or 5+)	. Do NOT use retired.)		st or working					
MP	1201	Cle	erk Typi	st		AFS				
	17. FATHER'S NAME (First, Middle, Leat)	.11			VACA	ME (First, Middle, Mi	siden Sumame)			
BE	Philip Patrick O'Conne	· ,	b. MAILING ADDRES	SS (Street)		J. Foxe	France State 7 in	Codel		
2	Philip O'Connell		40 Trent						2128	
	20a. METHOD OF DISPOSITION 1X Burlat 2 Creyhatigm 3 Removal from S	20h PLACE	OF DISPOSITION (A	lame of ce	netery, crematory or		c. LOCATION —	City or Town,	State	
	4 Donation 8 Donation Bully Strip) IM.	Olivet Co		ery	CHITY	Washin	gton,	DC	
	Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	100	reprod	ai lum	e: sthn	•	Interval Between Onset and Dasth	
ERTIF	that initiated events resulting in death) LAST d.									
LC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY								RE AUTOPSY FINDINGS	
ICA			RFORMED?	CO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDICA	1 YES 2 NO									
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	neck only one)				
SIC	EXAMINER? 1 VES 2 NO 1 Input	AL:	OTHE		ne 5 🗆 Reeldance	8 Other (Specify)			
	27. MANNER OF DEATH 28a. 1 Natural 8 Pending	DATE OF INJURY Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	JURY AT DRK?	28d. DESCRIBE		CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	PLACE OF INJURY At he building, etc. (Specify)	ome, farm, atreet, fa	ctory, offic	•	281. LOCATION (S City or Town,	treet and Number State)	or Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one)								ed manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0	K)		29c. LICENSE NUMBER			E SIGNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF DEATH (ITE		80	DIECO.	we in	AVE	TE	wel.	
	31. DATE FILED (MENT) 90 32. R	EGISTRAR'S SIGNATURE Julia Davidson	- Randalle							
		4							OHMH-18 Ray 1/89	

BALTIMORE, MARYLAND	24 nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND / I			HEALTH AND F DEATH	MENTA	L HYGIENE REG. NO.		90 2	27144
	1. DECEDENT'S NAME (First Middle, Last) LAW REN	CEE	-/	DW	0/-	MONT	OF DEATH	, _ ×	3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest i	birthday)	IF UNDER 1 YEAR	-	7. DATE	OF BIRTH h, Day, Year)	6.	BIRTHPLACE (S	State or Foreign
	212-03-5418		YRS.	MONTHS DAYS		01.	_19_07_		Virgin	ia
œ	96. FACILITY NAME (If not institution, give street and number Baltimore County Gen.	,			OR LOCATION OF D	DEATH		9c. COUNTY	of DEATH timore	
010	RESIDENCE OF DECEDENT	HOSPICAL						Bal		
IRE	Maryland Carroll (County	10c. CIT	y, town or loo Sykes					LIN	SIDE CITY WITS?
10	100. STREET AND NUMBER	<u>Durity</u>			IOI, ZIP CODE			1 YES 2 X NO		
FUNERAL DIRECTOR	6139 Oakland Mill Roa	ıd			21784	Į.		U	.S.A.	
BY FUN	1 Never Merried 2 Merried FORCE	ECEDENT EVER IN U.S. ARM S? 1 1 YES 2 1 NO GIVE WAR OR DATES		If yes,	ECENDENT OF HISPA apocity Cuban, Mexic ES 2 XNO Speci	en, Puarto		or No— 14	Black, White, Specify:	ricen Indien, etc. ite
	15. DECEDENT'S EDUCATION			USUAL OCCUPA		168	. KIND OF BUS	INESS/INDUS		rce
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-	-4 or 5+) life. L	Do NOT u	work done during se retired.)	122-12-00					
MP	17. FATHER'S NAME (First, Middle, Last)	W	leave	er & Ca	rpenter		Melvil		lls	
2	Charles Ludwig				16. MOTHER'S N.		nknown	iumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street	t and Number or Rural			, State, Zip Co	ide)	
F	Mrs. Cecelia Shipley				le, Maryl					
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from St 4 Donetion 8 Other (Specify)	tate other plac	ce)		cometery, crometory or norial Pa				lle, M	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1. 11	,	22, NAME	AND ADDRESS OF F	ACILITY				
	Brunn &	glaught			HT FUNER esville,					0
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only o	ns that caused the das	th. Do	not antar tha	noda of dylng, au	ich aa car	diac or respir	ratory arres		pproximata ntarval Batween
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	CARNIO	MY	OPATI	+4				0	nset and Death
	DUE TO (OR AS A CONSEQUENCE PF):									
NO.	Sequantially list conditions, If any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury	RONARY	A	RIE	14 DI	SE	15t			
F	that initiated events resulting in death) LAST	THE TO JOH AS A CONSEQ	NENCE O	F):	1					
	PART II. Other algolificant conditions contribu	ting to death but not re	euitina	in the underly	ing course given it	n Part I	24a, WAS AN	ALITYODOV	T 245 WEDE 4	LUTOPSY FINDINGS
CAL	CHRONIC GBSTRI		-				PERFORI	MED?	AWAILAE	BLE PRIOR TO ETION DF CAUSE
MEDI	DIABETES	METL		15			TO TES 2	N.NO	OF DEA	. /
N.	317								7	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No 1 No Input			OTHER:	PLACE OF DEATH (C					
HYS	27. MANNER OF DEATH 280. D	OATE OF INJURY	28b. TIN	E OF 28c.	ome 8 Reeldence	T	SCRIBE HOW IN	JURY OCCU	RED	
ВУ Р	Natural 5 Pending Investigation	Month, Day, Year)	114	JURY M 1 [WORK? YES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — At hon oullding, etc. (Specify)	ne, farm,	street, factory, o	ffice		CATION (Street e r or Town, State)	nd Number or	Rural Route Nui	mber,
COMPLET	290. CERTIFIER (Check only one) The CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the Desire of the Certific on the Desire of the Certific on the Desire of the Certific on the Certific o									enner ee stated.
BE	29L SIGNATURE AND TITLE OF CERTIFIER	ine,	M,	D	29c. LICENSE NI	UMBER 157	1	29d. DATE S	SIGNED (Month,	Day, Year)
5	30. NAME AND ADDRESS OF PRISON WHO COMPLET	ED CAUSE DEATH (ITEM	27) (Type	o, Print)	TIAUCI	1 GE	NETP	Al	Hos	PITAL
	31. DATE FILED (Month, Day, Year) 32. Py	EGISTRAR'S SIGNATURE	ndelle	L.	1			73	1102	
	SEP 24 '90 1 g	MU TIMI DOI -1			·					

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	물	THE	S
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

90 27145

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		0 27145		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH DA		3. TIME OF OEATH		
	DORIS ELIZA	ABETH LEV	VIS			September	9, 19	90 9:55 a M		
	4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (1		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)		
	579-22-4495	1 □ M 2 💢 F 6.	4 YRS. MOI	THS DAYS	HOURS MIN.	(Month, Day, Year) 11/25/25		arrisburg, PA		
	9a. FACILITY NAME (If not institution, give stre	et and number)	96	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			
FUNERAL DIRECTOR	AMI Doctors' Hosp	. of Pr. Geo	. Co.	Lanh	am		Princ	e George's		
ř l	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON		-	10d, INSIDE CITY		
ā	Maryland Prin	ce George's	Co11	lege Pa	rk			1 X YES 2 NO		
AL	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?		
EH	5005 Cheyenne Pla	ice			20740		Ţ	J.S.A.		
5		12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.		
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES	2 NO Specify	:		Specify:		
	151011	·		L		1		White		
Ē	15. OECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	(Give kind of work life. Do NOT use re	done during mo-	N it of working	16b. KIND OF BU	SINESS/INDUS	TRY		
الإ	Elamentary/Secondary (0-12)	College (1-4 or 5+)								
COMPLETED	Unavailable ur	navailable	Housewi	.re		Own I				
8	,					ME (First, Middle, Meiden	Sumame)			
BE	Dewey Martin 19a. INFORMANT'S NAME (Type/Print)		T		unava					
2	James Lewis					Route Number, City or Tow				
	20a. METHOD OF DISPOSITION	Lan	PLACE OF DISPOSITION					Land 20737		
	1 XBurial 2 Cremetion 3 Remon	of from Setts	ther place)					COLL LING WITH C		
	21. SIGNATURE OF FUNERAL SERVICE LICE		ft. Lincol		Cery D ADDRESS OF FA	Bre	entwood	l. Maryland		
	16679	711		Franc	is Gasch	ch's Sons Funeral Home, PA				
	/ auc / O	dolars	~	4739	Baltimor	e Ave., Hy	attsvi	ille, MD 20781		
	23. PART I Enter the diseases, or co shock, or heart failure, Li			enter the mo	de of dying, suc	h as cardisc or resp	iratory arrest	t, Approximats interval Between		
	IMMEDIAFE CAUSE (Final							Onset and Death		
	disease or condition resulting in death)	Cardi	CONSEQUENCE OF):	cto	an	w				
		DUE TO (OR AS A	CONSEQUENCE OF):							
N	Sequentially list conditions, b.	1 ceral	CONSEQUENCE OF):	and_						
AT	if any, isading to immediate cause. Enter UNDERLYING	Ce i b	A CONSECUENCE OF J.	Un	- vlan	Dise	our o			
5	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:							
Ē	resulting in deeth) LAST	·						N N		
CERTIFICATION	d.		-							
Ä	PART II. Other algnificent conditions	contributing to death b	out not resulting in t	he underlyin	g cause given in	Part I. 24a. WAS AP PERFO		24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
8						1 _ YES :	2 🗆 NO	OF DEATH?		
PHYSICIAN: MEDIC								1 TES 2 NO		
ä										
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI THER:	ACE OF DEATH (Ch	eck only one)				
YSI		1 Linpatient 2 ER/Outp	patient 3 DOA 4	☐ Nursing Hor		8 Other (Specify)				
PH	27, MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b, TIME O	Y WC	URY AT	26d. DESCRIBE HOW	INJURY OCCUR	REO		
BY	2 Accident Investigation	AA BI AAS AS IN III			YES 2 NO	***		0		
G	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	/ — At home, farm, stre clfy)	et, ractory, omic	•	City or Town, State)	HURE HOUSE NUMBER		
ET	an ormers /									
COMPLETED	CONSUM UNITY	IAN: To the best of my know								
Ö	2 MEDICAL EXAMINER	: On the basis of examination	n and/or investigation,	n my opinion, c	eath occured at the	time, data and placa, a	nd due to the o	cause(a) and manner as stated.		
ш	20b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)		
TO B	Rancoonar	- Chax	and road		2174	1-14-	7	-7-90		
a college of the second of Rd College Ple bey										
	0 16 0	completed cause of De	EATH (ITEM 27) (Type, Pr	620	1 Grean	welt Rd	Call	ege PICHUI.		
	30. NAME AND AGORESS OF PERSON WHO Ramconni C 31. Date Fileo (Month, Day, Year) CFD 1 1 90	completed cause of de	IATURE	620	1 Grean	welt Rd	Coll	ger PKW.		

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BALTIMORE, MARYLAND 21203-	is that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or atten-	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as at the and Mental Hygiene prior to burial, cremation, or removal.	s any injury, or other traumatic event, the medical examiner must be notified at once.
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ORDS, P.O. BOX 13146,	8	ned by the attending physician and completely filled in by the alth and Mental Hygiene prior to burial, cremation, or removal.	rat
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	5	FOR STATE REGISTRAR	STATE OF MARYL		RICATE OF		REG. NO.	90	27146
	17.75	1. DECEDENT'S NAME (First, Middle, Last) Eleanor	Т.	McC	abe		pate of DEATH	1990 YEAR	3. TIME OF DEATH 5:00 A. M
D		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. lest birthday)		IF LINDER 24 HRS. 7.1	DATE OF BIRTH	6. BIRTI-	HPLACE (State or Foreign
(3)		578-54-8135 90. FACILITY NAME (If not Institution, give a	1 M 2 K F 96	YRS.		OR LOCATION OF DEATH		94 Wash	ington, D.C
53	OH	5601 Ramblewood			Clint				eorge¹s
les 1, 2.	DIRECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c. CIT	TY, TOWN OR LOCAL	TON			10d. INSIDE CITY
permit. Pages			ce George's		Clinton				LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 5601 Ramblewood	Ave.		101	20735	1	U.S.A	WHAT COUNTRY?
3146 ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 X NO	If yes, sp	ENDENT OF HISPANIC Operity Cuban, Maxican, Pt. 2 K NO Specify:		No- 14, RACI	E — American Indian, rk, White, atc.
MARYLAND 21203-3146 retained by the hospital or attending physician. 5 should be detached for use as the burial-trannotfied at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT of Homema	B USUAL OCCUPATION Work done during moise retired.)	DN st of working	166. KIND OF BUSING		
MARYLAND e retained by the hosp e 5 should be detached notified at once.	w II	17. FATHER'S NAME (First, Middle, Last) James Thomas Tay	lor			18. MOTHER'S NAME (First, Middle, Maiden Sur Dutton	name)	
	TO B	Mary Eleanor Br		5601	Ramblewo	od Ave., C	linton, M	aryland	
BALTIMORE, R or death. Page 6 may be the funeral director, page ral.		20a. METHOD OF DISPOSITION 1 Burlel 2 XIX cremation 3 Rem 4 Donation 8 Other (Specify)			olitan Cr	ematory	Alex		Virginia
ALT death. funera		· Hearn	Hales)	6160	ge P. Kala Oxon Hill	Rd. Oxon	Hill, 1	Maryland
Pactor within a riours after and completely filled in by the burial, cremation, or removal natic event, the medical		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	d tha daath. Do ach line.	D	de of dying, such as	cardiac or respirat	Dry arreat,	Approximata interval Between Onset and Death
th certificate be execute ending physician and co il hygiene prior to bunia or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	¢	A CONSEQUENCE (
requires that the signed by or Health and shows any in	MEDICAL	PART II. Other algorificant condition	nay contributing to death b	1/1	In the underlyin	g ceuse given in Par	24a. WAS AN AU PERFORME 1 YES 2	ED?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JINO
VITAL F CIAN: The law strificate has the F State Dept or Nem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ▼ NO	HOSPITAL:		OTHER:	LACE OF DEATH (Check of			0
N OF V		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF 28c. IN.	NURY AT 28-DRK? YES 2 NO	Other (Specify)	JRY OCCUREO	
ISIO TITENDI TIOR: A after d	TED BY	2 Acoldent Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm,	street, factory, offic	28	City or Town, State)	Number or Rural	Route Number,
DIV IOSPITAL OR A UNERAL DIREC INTHIN 72 HOURS	COMPLETED	one) 2 Maroncal Examin							(a) and manner as atated.
D THE HOSPITAL (TO THE FUNERAL D BE filed within 72 he IMPORTANT: It is	TO BE	29b. SIGNATURE AND TITLE BE CERTIFE	LOLAK	Wat .		29c. DONSE NUMBER	2975	DATE SIONES	10 90
(10)	-	Daniel M. Howe				ldorf. Mar	vland 206	03	
0		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		1		J 0		

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HOSPITAL FUNERAL (within 72 h TO THE HOSPITA
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IMPORTANT: 1

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	I hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JAMES MALONE SEPT 6. BIRTHPLACE (State or Foreign Country) A SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS MIN. 1 🔲 M 2 🔲 F VRS 21252 4704 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR ANNAPOLIS ANNE 133 MEADE DR ARUNDEL 10a. STATE 10c. CITY, TOWN OR LOCATION ANNE ARUNDEL 1 YES 2 NO ANNAPOLIS FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 133 MEADE 21403 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, While, etc. Specify: WHITE 11. MARITAL STATUS 11. MARITAL STATUS

1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican_Ruerto,Rican, etc.) 1 TYES 2 THO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Environmentalist Recycling 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) JOHN J. MALONE MARION FRANCES STOCK BE t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 GABRIELLE MEADE DR. ANNAPOLTS MD 21403 20s. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State

1 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State ROPOLITANDREMATORY ALEX. VA QUINE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY TAYLOR FUNERAL CHAPEL ANNAPOLTS s that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the disesses, or complication Approximate shock, or heert fellure. Liet only the cause on each line Interval Between **Onset end Death** IMMEDIATE CAUSE (Final disease or condition_ 2 resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) t TYES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be CD. 4 | Homicide determined COMPLET 29e. CERTIFIER

(Chank and place, and due to the cause(a) and manner as stated. (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF

7 W

OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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TO BE COMPLETED BY FUNERAL DIRECTOR

6, BALTIMORE, MARYLAND 21203-3146	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	mpletely filled in by the funeral director, page 5 should be detached for use as the burlal-transif por cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paige 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		OIRIE OF I		CERTIF	ICATI	E OF	DEATH	110 11	LIVIA	REG. NO.			
1. DECEDENT'S NAME (First	CARI	М.		MARC					2. DATE	of DEATH	AY 19	90	3. TIME OF DEATH 17,03(P M)
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER	DAYS	IF UNDER 24 H	IRS.		OF BIRTH		a. BIRTH Count	HPLACE (State or Foreign
116-07-27		XX M 2 D F		77 YRS.	months	DAYS	HOURS	are.		11-19	913	Ore	egon
9e. FACILITY NAME (If not is							R LOCATION (ATH		9c. COL	JNTY OF D	DEATH
Anne Ari		Medica:	l Cen	ter	I	Anna	polis	S			An	ne l	Arundel
RESIDENCE OF DE	10b. COUNTY			100 CIT	V TOWN	OR LOCAT	ION						10d, INSIDE CITY
Maryland		Arunde:	1	100.011			polis	2					LIMITS?
10e. STREET AND NUMBER			~				ZIP CODE	_			I 40= CI	TIZEN OF 1	1 YES 2 NO
		s Creel	r Roa	a		101	2140	13				USA	WHAT COUNTRY!
11. MARITAL STATUS	- armes	12. WAS DECEDEN			1 42	WILL DEC	ENDENT OF H		O OBION	10 (Co 14 - Mo.			E — American Indian.
	Merried orced	FORCES? 1	YES 2	Z No		If yes, spe	city Cuben, M	lexicar	, Puerto		o or No-	Blac	k, white, etc.
	CEDENT'S EDUC		164	. DECEDENT'S	USUAL O	CCUPATIO	N .		16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (ly highest grade 0-12)	College 4-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)		st or working			an .			
		51		Att	orne	еу				\$a	l.W		
17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOTHER	'S NAR	AE (First, i	Middle, Maiden	Sumame)		
Mi	Lton A	saMarc	Y				Nel	lle	Ri	cksor	1		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number or I	Aural A	loute Num	ber, City or Tow	rn, Stete, Z	ip Code)	
Mildred F	. Mar	cy		3271	Har	rnes	s Cre	ek	Rd	. Anr	napo	lis	,Md.21401
20e. METHOD OF OISPOSIT	TION	numb drawn Chada	orh	ACE OF DISPO						20c. LO	CATION -	- City or To	own, Stata
4 Oonetion 5 Othe	r (Specify)	OVER FROM STEEL	Me	tropo	lita	an C	remat	tor	У	Ale	exan	dria	a, Va.
21. SIGNATURE OF FUNEAU	AL GENVICE LIC	HAY	On	/			D ADDRESS			Char	ne]	Anns	apolis, Md
23. PART I. Enter the o	lisesaea, or o	omplications	et caused th	e death. Do						Pin.			Approximate
ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in deeth)	neart fellure.	s. PM	244777	NITEOUENCE C									interval Between Onset and Death
Sequentielly list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LA:	ring ury	Dys Rig	ph	HSEQUENCE CO	2.50	40	nebr	al	ing	lareti	-(s',	hok	week week 2) 10 days
PART II. Other signific	ent condition	s contributing to	death but							24s. WAS AMPERFO	NAUTOPS	1	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25 WAS CARE DEFENDE	TO MEDICA:					80.5	ACE OF 55	ru ····	aab				
25. WAS CASE REFERRED EXAMINER?	IO MEDICAL	HOSPITAL:			OTHE	R:	ACE OF DEAT						
1 YES 2 NO			ER/Outpatle				e 5 🗆 Reeld	ence			ins stames -	001155	
	Pending investigation		Day, Year)		JURY M	1 🗆	YES 2 N	10		SCRIBE HOW			
3 Suicide 6 4 Homicide	Could not be determined		of INJURY — , etc. (Specify)	At home, farm,	street, fee	ctory, offic	•		Zar. LOC C/ty	or Town, State	ena Numb)	er or Rural	Route Number,
construction of the		CIAN: To the best of											(e) end manner se ateted.
296. SIGNATURE AND TITL	65 M	Kin	120r	MD			29c. LICENS D 5	9	28		15	ATE SIGNE	D (Month, Day, Year) 20, 1990
30. NAME AND ADDRESS	PERSON WH	COMPLETED CAL	SE OF OEATH	D 8	37A	- For	nst	Di	ive.	Auna	mlic	M	D 21401

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the fix	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted to the state of the state of Harith and Marial Humana enter in hards premarial or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTME			REG. NO.	90	27149	
**************************************		ACE M	TELLO	- 1			7-199	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 189- 18- 5237	5. SEX 1 M 2 X F 6	"	NDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC • 23 , 192	2 Ch	BIRTHPLACE (State or Foreign Country) Lambersburg, Pa.	
TOR	99. FACILITY NAME (If not institution, give str. 19649 Shepherdsto		9b. (NTH .	SC. COUNTY OF DEATH WASHINGTON				
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	ington	10c. CITY, TOV	WH OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
AL D	10e. STREET AND NUMBER		1 200116	-10t.	ZIP CODE			OF WHAT COUNTRY?	
JNER	19649 Shepherdsto	OWN PIKE 12. WAS DECEDENT EVER IN L	J.S. ARMED		1713 ENDENT OF HISPANI	C ORIGIN? (Specify Yea	U. S	RACE — American Indian, Black, White, etc.	
B	1 Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1 - YES IF YES, GIVE WAR OR DAT	2. NO		2 NO Specify:		W	hite	
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementery/Secondary (0-12)		(Give kind of work d life. Do NOT use retir	lone during mo red.)	DN st of working	Own Ho		'RY	
COME	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Maiden			
BE	Harry G. Mull 190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street e	Mary Fe	Oute Number, City or Tow	n, State, Zip Co	de)	
2	Hazel Dill		P. O. I	Box 23	, Boonsl	ooro, Mary	land	21713	
	20e. METHOO OF DISPOSITION V Buriet 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	val from State	PLACE OF DISPOSITION other place) dar Lawn N					or Town, State 1, Md. 21740	
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	J.	22. NAME AN	ID AOORESS OF FAC	7606		boro Pike	
	John H. Bast	7	the death. Do not e	-	FUNERAL I	HOME, Boon	sboro,	Md. 21713	
		Let only one couse on each $MTERIOSE$	ch line.			-		Interval Between Onset and Death	
_		DUE TO (OR AS A (CONSEQUENCE OF):						
ATIO	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A (CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS A (CONSEQUENCE OF):						
CER	resulting in deeth) LAST	1							
CAL	PART II. Other significent conditions	e contributing to deeth bu	t not resulting in th	e underlyln	g ceuee given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL						1 YES 3		OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Che	ck only one)			
YSIC	EXAMINER? VES 2 NO	HOSPITAL:	tlant 3 DOA 4 D	HER: Nursing Hon		8 Other (Specify)			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJ WC	PRK?	28d. DESCRIBE HOW	NJURY OCCUP	ie o	
	2 Acadelant Investigation								
1	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specil			•	28t. LOCATION (Street City or Town, State)		Rural Route Number,	
OMPLETE	3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only		dge, death occurred at	t, tectory, office	end place, and due	City or Town, State,	nner as stated.		
O BE COMPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	cian: To the best of my knowle R: On the basis of examination	dge, death occurred at end/or investigation, in	the time, date	end place, and due	City or Town, State, to the cause(e) and ma time, data end place, er	nner as stated.		
ш	3 Sulcide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	building, etc. (Specifical)	dge, death occurred at end/or investigation, in the titem 27) (Type, Print 1)	the time, date	end place, end due leath occured at the	City or Town, State, to the cause(e) and ma time, data end place, er	nner as stated. and due to the company to the comp	suse(e) end manner as stated.	

DHMH-18 Rev 1/89

MOLLICENSE NUMBER

706

3. TIME OF DEATH

8:00 8. BIRTHPLACE (State or Foreign Country) Maryland

> 10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

AM

TO THE HOSPITAL DR ATTENDING PY TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If item 28 is mark

4 Homicide

BE COMPLETED

2

8 Could not be determined

1 CERTIFYINO PHYSICIAN:

'qn

SFP 04

tower

32. REGISTRAR'S SIGNATURE

•

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

	1. DECEDENT'S NAME (First, Middle	Martha H.	Martin				DAY YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday			7. DATE OF BIRTH	30 1990 s. pim	8:00 HPLACE (State or	
	214-36-0661	1 D M 2 D F 90	YRS.	MONTHS D	AYS HOURS MIN	Jan. 28.	1900	Maryland	
~	9a. FACILITY NAME (If not institution	n, give street and number)		9b. CITY, TO	OWN OR LOCATION OF	DEATH	9c. COUNTY OF		
10	Mennonite Old Peop	les Home		Mauga	nsvillo		Washingto	n	
DIMECTOR		COUNTY Ashington		TY, TOWN OR L				10d. INSIDE CI LIMITS?	
	Maryland Wa	ishington			10f. ZIP CODE		10g. CITIZEN OF	1 YES 2 WHAT COUNTRY	
ERA	P 0 Rox 670				21767		US		
BY FUNERAL	11. MARITAL STATUS 1 [X] Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	5 2 X NO	If ye	DECENDENT OF HIS	PANIC ORIGIN? (Specify Yellosn, Puerto Ricen, etc.)	Bia	CE — American Inck, White, etc.	
ED.	15, DECEDENT (Specify only highe	'S EDUCATION st grade completed)	16a. DECEOENT	S USUAL OCCU	JPATION na most of working	16b, KIND OF BU	USINESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.) ousekeep	er	Domes	tic		
BE COM	17. FATHER'S NAME (First, Middle, L	Joseph W. Martin				NAME (First, Middle, Maide lettie Horst	n Surname)		
TO B	19a. INFORMANT'S NAME (Type/Pri	nt)			treet and Number or Ru Ave. Ext.	Hagerstown,	wn, State, Zip Code)		
-	Mr Fli W Martin		170						
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Speci	Removal from State			of cometery, cremetory nonite Chur		Hagerstown		
	21. SIGNATURE OF FUNERAL SER	A Way		Mi		r-May Funeral		Pa 17225	
	23. PART). Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory as shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
	The same of the sa	DUE TO (OR AS	A CONSEQUENCE	фF):		(Clay -	-		
TION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE			Carlo			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE	OF):					
MEDICAL CE	PART II. Other significent co	nditions contributing to death	but not resulting	g in the unde	riying couse given		DRMED?	No. WERE AUTOPS AWAILABLE PRI COMPLETION (OF DEATH?	
						_		1 TES 2	
PHYSICIAN:	25. WAS CASE REFERRIED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ERVO	utpatient 3 DOA		26. PLACE OF DEATH	(Check only one)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pendic	gation	,	IME OF 26 NJURY M	c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED		
0	3 Suicide 8 Could	not be building, etc. (S)	RY — At home, farm pecify)	, street, factory	, offica	28f. LOCATION (Stree City or Town, Stat	t and Number or Rure (e)	l Route Number,	

DEATH (ITEM 27) (Type, Print)

Lulia Davidson-Randall

74006

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

ITEMS:23,27 per ME

- STATE REGISTRAR			MARYLAN	CERTII	FICATE	E OF	DEAT	гн		REG. NO	9	0	27151
	stin	Michae		McKen					2. DATE MONT 9-	17-90	AY	YEAR	3. TIME OF DEATH 5:39AM
4. SOCIAL SECURITY NUMBER N/A	ER	5. SEX	6. AGE (In yi	rs. lest birthdey YRS.	MONTHS 1	DAYS O	IF UNDER	MIN.	7. DATE (Mont Aug	of BIRTN th, Day, Year) . 8, 1	.990	Country	PLACE (State or Foreign
9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY		OR LOCATE	ON OF DE				ITY OF DE	
St. Agnes Ho		ıl			В	Balti	imore	Cit	У				
RESIDENCE OF DEC	10b. COUNT	Y	-	10c, C	TY, TOWN (OR LOCAT	TION						10d, INSIDE CITY LIMITS?
Maryland					Ba1	timo	re						LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITE	ZEN OF W	HAT COUNTRY?
533 Thornf	ield 1	Road					2	1229				USA	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDED	T EVER IN U.	S. ARMED						N? (Specify Yes Ricen, etc.)	s or No—	14. RACE Black	— American Indian, White, etc.
3 Widowed 4 Divor		IF YES, GIVE					2 XNO					Specifi	
	EDENT'S EDU		16	ia. DECEDENT	S USUAL O	CCUPATIO	ON		161	b. KIND OF BU	SINESS/IND	USTRY	WILLE
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind o life. Do NOT	f work done	during mo	ost of workli	ng	250				
0	,		"										
17. FATHER'S NAME (First, Mi	iddle, Last)				_					Middle, Maiden			
	nown									le McK			
19e. INFORMANT'S NAME (7)										nber, City or Tow			10
Angela L. M		ie	T			_		_	ватт	imore,			
20a. METNOD OF DISPOSITI	n 3 🗆 Rem	oval trom State	00	tace of disp ther place) arro 11				matory or			CATION —		
		CENSEE	_ 0	arroll						naii	pstea	ia, r	iu.
. (□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILI								
23. PART I. Enter the dishock, or he important the cause (Finding Section 1) with the cause or condition resulting in death)	eart fallure.	List only one ca	usa on each	h line.	E. not anter	line	Fundade of dy	eral	Hom	e Reis	terst	own,	
shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi If any, leading to immediates. Enter UNDERLY! CAUSE (Disease or inju that initiated events	lons, diata	B. SUDDEN OUE TO DUE TO C.	INFANIO (OR AS A CO	h line.	E. Protection of the synthesis of the sy	line	Fundade of dy	eral	Hom	e Reis	terst	own,	Md.21136 Approximate Interval Between
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		•	FOR STATE REGISTRAR	STATE OF MARY			ENT OF H TE OF				GIENE G. NO.	9	0 2	1152
P	0	}	1. DECEPTAT'S NAME (First, Middle, L.	Bindiganava	le Muk	unda			2.	DATE OF DE	TATH DAY	à	YEAR	TIME OF DEATH 200 M
1			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birt	hday) IF U	NDER 1 YEAR THS DAYS	IF UNDER 2	24 HRS. 7. MIN.	DATE OF BIF (Month, Day,		5 6		CE (State or Foreign
	3 should		9a. FACILITY NAME (If not institution, g			9b.	CITY, TOWN C	R LOCATIO	N OF DEATH		-		Y OF DEATH	4
	2,	DIRECTOR	RESIDENCE OF DECEDENT	despital		٨.	Silve	26 5	Driv	01.		Me	nt.)
	ges 1,	EG EG	10a. STATE 10b. CO		10	c. CITY, TO	WN OR LOCAT	TON	1	-0-			10d	I. INSIDE CITY LIMITS?
	.E.		-	ontgomery			Silver							☐ YES 2 NO
	ned his	RAL	10e. STREET AND NUMBER 2815 Vixen La	ane			101	ZIP CODE	906		- 1	109. CITIZE India		COUNTRY?
	iclan. al-trans	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			ENDENT OF						American Indian,
21203-3146	attending physician. se as the burial-tran	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				2 K NO		Puarto Rican,	etc.)		Specify W	
203	attend use as		15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	18a. DECED (Give ki	ENT'S USUA	AL OCCUPATION TO COMPACT (CONTROL OCCUPATION CONTROL ON at of working	7	16b, KIND	OF BUSIN	ESS/INDUS	STRY		
	the hospital or detached for u	APLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)			nginee			M	letro			
LAN	by the ho	COMPL	17. FATHER'S NAME (First, Middle, Lest B. Appanna)				18. MOTN		(First, Middle, Rukka		rname)		
MARYLAND	retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) B.M. Vaidehi							nte Number, Chi r Spri				20906
	page t be		20e. METHOD OF OISPOSITION 1 Duriel 2X Cremetion 3	20	0b. PLACE OF D								ty or Town,	State
MON	Page 6 may al director, pa ner must b		4 Donation 5 Other (Specify)	N	1ontgon									yland
BALTIMORE,	after death. Pa by the funeral of moval. cal examine		21. SIGNATURE OF FUNERAL SERVICE	1. Formal	M0019	8	Rober Beth	esda-	Pumpl-Chevy	hrey F y Chas	uner se, I	al H	ome/	014-2501
m m	d in by the or removal		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814-3501 23. PART I. Enter the diseases, pr complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List pnly one cause on each line.											
	filled in ion, or re		IMMEDIATE CAUSE (Finel			1,								Onset and Death
	completely ial, crematic		disease or condition resulting in death)	Sept Due to (or as	7 CP W	ALC OD:								One day
13146,	artificate be executed within Amours after ing physician and completely filled in by th glene prior to burial, cremation, or remova other traumatic event, the medical	2		b. Chron			hocy	lic	Le	ukeh	nia			Nine YRS
	be execution and or to bur aumatic	AT 10	Sequentially list conditions, If any, leading to immediata								-			t
BOX	certificate be ding physician lygiene prior to other traur	E S	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. Thyo DUE TO (OR AS	A CONSEQUE	NCE OF):	oen ic							Four YRS
0.	e Hend	ERTIFICATION	that initiated events resulting in deeth) LAST d.											
S, F	hat the death of by the attendant of and Mental H	O	PART II. Other algnificant cond	litions contributing to death	but not resu	ilting in th	e underlyln	g cause g	iven in Pa	ort I. 24a.	WAS AN A			RE AUTOPSY FINDINGS
문	- 5- m	DICAL	Adult	Onset	diab	ete	, m	elli	tus		PERFORM YES 2		COL	AHABLE PRIOR TO IMPLETION OF CAUSE DEATH?
RECO	roquires the seen signed . of Health shows ar	MED	Hepat	o negaly						-			1 [YES 2 NO
LR	Dept 23	AN	25. WAS CASE REFERRED TO MEDIC	al megal	7		28. P	LACE OF DE	EATN (Check	k only one)				
VITAL	F 2 2 5	SICI	EXAMINER?	HOSPITAL:	utpatient 3 🗆		HER:			Other (Spe	clfy)			
OF	PHYSICIAN: this certifica with the St.	PHY	27. MANNER OF OEATN Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	21	Bb. TIME OF	W	JURY AT ORK?		ed. DESCRIBI	E HOW IN.	JURY OCCU	IRED	
	DING PHYS After this death with	BY	2 Accident Investiga	28e. PLACE OF INJUI	RY — At home,	farm, street		YES 2		af. LOCATION	(Street are	d Number o	r Rural Route	e Number,
DIVISION	TTEN TOR: after	ETED	4 Homicide determin	n oe 1 building, atc. (St	pecify)					City or Tow	m, State)			
ā	OSPITAL OR A Ineral Direc thin 72 hours INT: If Item	COMPL	anal cony	PHYSICIAN: To the best of my known with the best of my known my kn										nd manner as stated.
	TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h	BE	PETER TANKA	TIFIER Peter To	ma	m.D.			ENSE NUMBI			DATE	SIGNED (Mo	onth, Day, Year)
	/	10	30. NAME AND ADDRESS OF PERSON Peter M. Tan	n who completed cause of ina, M.D. 12708		, , ,, ,	,	Sil	ver S	pring	, MD	209	04	
	φ		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE			<u>.</u>						
	, [SEP 17 "	90 Julia D	avidson	Mandal	2							

Sills na

	Sino	filled in I
13146,	executed within	and completely
P.O. BOX	ath certificate be	Handing physician
RECORDS,	requires that the de	and cloned by the 2
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:	Programb. After this castificate has been stoned by the attending physician and completely filled in
DIVISION	DR ATTENDING	DIDECTION Afford

90	27	5	3

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / D	EPARTMENT RTIFICATE			MENTAL HYGIE	_	0 27153	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	ALFRED GORMAN MCGR					SEPTEMBE	R 19, 1	99 0 11:40A _m	
	4. SOCIAL SECURITY NUMBER 5. SE	63	YRS. WONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	927	BIRTHPLACE (State or Foreign Council C	
	183305220 1 X			TOWN O	R LOCATION OF DE			Y OF DEATH	
HOT.	SACRED HEART HOSPIT	AL	CUM	BERL	AND, MAR	YLAND	EGANY		
DIRECTOR	MD 106. COUNTY Allegany	1	Cumberl		-		10d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 100 Auburn Avenue				ZIP CODE 1502		10g. CITIZE	N OF WHAT COUNTRY?	
B	1 Never Married 2 Married FC	AS DECEDENT EVER IN U.S. AFRIC DRCES? 1 YES 2 TNO YES, GIVE WAR OR DATES	D 13. V	WAS DECE yes, spe	NDENT OF HISPAN city Cuban, Mexicar Z NO Specify	IC ORIGIN? (Specify ' n, Puerto Ricen, etc.)	fes or No.— 14	I. RACE — American Indian, Black, White, etc. Specific	
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary Secondary (0-12) Colle	(Give	DENT'S USUAL OC kind of work done of NOT use retired.) YECTOY	turing mos	t of working	300-000-000	t. Parc	ole & Probation	
BE COM	17. FATHER'S NAME (First, Middle, Last), Thomas McGrorty				18. MOTHER'S NAI Sarah	ME (First, Middle, Meid (nmn)	en Sumame)		
TO B	190. UNCORMANT'S NAME (Type/Pript) Mrs. Norma Jean Mc	Grorty 110	Auburi	(Street ar	enue Cum	berland,	MD 215	02	
	METHOD OF DISPOSITION 1	om State 201 PLACE OF SUMBE	DISPOSITION (No.	ne al com	etery, cometory or Park	29¢.	mberla	nd, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Scarpel	22.0	Cumbo	erland,	Heral Hom MD 21502	ne		
	23. PART I. Enter the dieeeses, or compile shock, or heert fellure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nly Dne Cause Dn each line.						Interval Between Onset and Death	
CERTIFICATION	disease or condition resulting in death) a. CLASTA & CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions con	dd					AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO	
ÿ									
100		SPITAL:	OTHER	R:	ACE OF DEATH (Ch				
HYS		npatient 2 ER/Outpatient 3 = 28s, DATE OF INJURY	28b, TIME OF	28c. INJ		6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCI	RED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	1 Y	RK? 'ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, stc. (Specify)	, farm, street, fact	ory, office)	28f. LOCATION (Stre City or Town, Sta		Rurel Route Number,	
COMPLETED	(orion only	To the best of my knowledge, death the basis of examination and/or inv							
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUM	ABER	29d. DATE	SIGNEO (Month, Day, Year)	
10 B	(Wen Mo.	houno			D-17.	5-26	19.	-20-80	
F	30. NAME AND ADDRESS OF PERSON WHO COM								
	31, DATE FILED (Month, Day, Year)	1.D., 909-B SET 32. REGISTRAR'S SIGNATURE	ON DRIV	E. C	UMBERLAN	D. MARYL	AND 215	02	
	SEP 21 1990 Frohia Ja	4dson-Random							

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	≕	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami	
)	s after	与中	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial. cremation, or removal.	dical	ŀ
	N.	ed in	0	me	
	2	ly fill	ation	the	
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DIVISION OF VIEW PLOCIED, 1.0. BOX 1012,	e deat	he atte	Menta	Jun',	l
Ĺ	at th	5	and	y In	l
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5	PHYS	this c	with	rked	l
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	FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF ICATE O			NTAL HYGIENI REG. NO.	=	90	27154
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH 9	/2/9	QEAR 3.	TIME OF DEATIG: 30 EL
1		Leonard H			ΙΙ	0	79 0	7	20	630 ATL
المائية و	per a se	S. SEX 6. AGE ((in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			Month, Day, Year)	/23/ 35/	Schuntry) Taft	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give street	at end number)		9b. CITY, TOW	N OR LOCATI	ON OF DEATH		9c. COUN	TY OF DEAT	н
E	Anne Arundel M	nter	A	nnapo	olis		An	ne A	rundel	
5	100. STATE 10b. COUNTY								100	d. INSIDE CITY LIMITS?
ā		n_Anne's	St	evens						YES 2 NO
RAL	10e. STREET AND NUMBER			101. ZIP COD				ZEN OF WHA		
FUNERAL DIRECTOR	303 Oxbow Driv	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS 0		21666 F HISPANIC O	RIGIN? (Specify Yea		. S . A	American Indian, hite, etc.
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 VES IF YES, GIVE WAR OR DA Army	2 NO ATES	If yes,	specify Cube ES 2 X XO	m, Mexicen, Pu Specify:	serto Ricen, etc.)		Black, W Specify:	white
	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S	USUAL OCCUPI work done during se retired.)	TION most of working	na	16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED		College (1-4 or 5+)				-	T-7 a de a s	. П.	abaa'	
PMC	17. FATHER'S NAME (First, Middle, Last)	2	Sal	esman	18. MOT	HER'S NAME (Wate:		enno.	Logy
	Leonard Hen	ry Moon,	II		0.00		ne Warr			
TO BE	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			
-	Kathleen A. Mo						evensv			
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Remov 4 □ Donation 8 □ Other (Specify)	rai from State	other place) Metro (City or Town,	e, MD
į	21. SIGNATURE OF FUNERAL SERVICE LICE		Metro C	22. NAME	AND ADDRE	SS OF FACILIT	ΓΥ			
	> Thomas Kox	Velle la					in Fune:			
	23. PART I. Enter the diseases, or co									Approximate interval Between
	ahock, or heart failure. Li IMMEDIATE CAUSE (Final	*		74 . (Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) PHARYN GEAL CARCINOMA								8 mo.	
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE O	F):						
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	NED.						
E	that initiated events resulting in death) LAST	DOE TO (OR AS A	A CONSECUENCE C	r).						!
	PART II. Other significant conditions	contribution to death 1	huit not roculting	In the contest	ulaa aawaa	aluan la Dar	t I. 24a. WAS AN	AUTOROV	0.45 140	ERE AUTOPSY FINDINGS
CAL	PART II. Othar significant conductiona	contributing to death b	out not resulting	in the under	And canse	givan in Par	PERFOR	MED?	AW	ALABLE PRIOR TO OMPLETION OF CAUSE
							1 TES 2	ig-NO		DEATH?
N.										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF	DEATH (Check	only one)			
PHYSICIAN: MED	1 YES 2 NO	1 Sinpatient 2 ER/Out	tpatient 3 DOA	4 - Nursing I	INJURY AT	7	Other (Specify)	NJURY OC	CURED	
7	1 Netural 5 Pending	(Month, Day, Year)	in	JURY	WORK?					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, term, ecify)	street, factory, o	office	28	1. LOCATION (Street of City or Town, State)	and Number	r or Rural Rout	te Number,
Suicide 4 Homicide 4 Homicide 5 Could not be determined 6 Could not be determined City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)										
								nd manner ee stated.		
BE C	286. SHEMATURE AND STILE OF CENTIFIES	/			29c. LIC	ENSE NUMBER	R / ∠L	29d. DAT	E SIGNED (M	Ignith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DI	EATH (ITEM 27) (Typ	e, Print)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1) T	*	9 1/	-170
	James Chambel	40 Mi) ?		isula 70	irm R	d Ar	ndd, M) .	21012	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	nature on-Mandall							
- 3	0 7 30	Control of the Contro	and a planting to							

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CERTIFICATION

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Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

TATE EGISTRAR		OIMIE OI	CER	TIFICATI		DEAT	ГН	REG. NO.	9.0	2715	
EDENT'S NAME (First, Midd	lle, Last)							2. DATE OF DEATH AND DAY	YEAR	3. TIME OF DEATH	
MARGARET	ROSE	McGAI	RVEY					September +,	1990	12:15 P	
CAL SECURITY NUMBER	5.	SEX	6. AGE (In yrs. last birth	hday) IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign	ĺ
7-38-5306	1	□ M 2 🗓 F	95 Y	RS. MONTHS	DAYS	HOURE	MIN.	May 22, 1895	Mass	m sachusetts	

9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH Silver Spring Carriage Hill Nursing Home

9c COUNTY OF DEATH Montgomery

RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e STATE Maryland Montgomery 1 X YES 2 NO Bethesda

10a, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE U.S.A. 20905 908 Cliftonbrook Lane

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify 3 K Wildowed 4 Divorced

White 165 KIND OF BUSINESS/INDUSTRY

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 12 Clerk Typist U.S. Government

16. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATNER'S NAME (First, Middle, Last) Maiden Surname - Farrell Edward J. McElroy 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print)

908 Cliftonbrook Lane - Bethesda, Maryland 20905 Donald J. McGarvey

20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION
1 △ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Arlington National Cemetery Arlington, Virginia 4 Donation 5 Other (Specify)

22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF TIMERAL SERVICE LICENSEE DeVol Funeral Home 2222 Wisconsin Ave. NW. WDC 20007

23. PARY . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Cerebral Infarct resulting in death) DUE TO (OR AS A CONSEQUENCE OF): **Arteriosclerosis**

Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CAUSE Enter UNDERLYING CAUSE (Disease or Injury

DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 XNO 1 YES 2 NO

26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Realdenca 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 28c. INJURY AT WORK? 1XXNatural 5 Pending M 1 YES 2 NO

2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a. CERTIFIER 1XXCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) and menner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 289 OFCHATURE AND TITLE OF CERTIFIER 9/4/90 D 11024

ADDITESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

В. 8805 Connecticut Ave - Chevy Chase, Maryland 20815 Umhau, MD,

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1990

completely filled irial, cremation, o the event, 1 in and com to burial. traumatic the attending physician I Mental Hygiene prior to other 9 Injury, been signed by that, of Health and N shows any Dept. this certificate h Item 6 marked, FUNERAL DIRECTOR: After thi within 72 hours after death wi RTANT: If Item 28 is marke

filled in by the fution. or removal. law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The

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	the hos	e detache	t once.
	etained by	should b	otified a
	may be r	or, page 5	ust be n
	h. Page 6	eral direct	miner m
i	after deat	by the fun emoval.	lical exal
	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ned within	completel	c event.
	e be exect	siclan and	traumati
	n certificat	nding phy Hygiene p	or other
	the death	by the atte	injury.
	equires tha	in signed of Health a	nows any
	The law re	te has been the Dept. of	9т 23 ѕІ
	SICIAN	th the Sta	d, or it
	DING PHY	After this death with	s marke
	OR ATTEN	OUR after	lem 28 i
	OSPITAL	UNERAL L	ANT: If IL
	O THE H	O THE P	MPORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT O				YGIEN EG. NO.	E 91) 2	7156
	1. DECEDENT'S NAME (First, Middle, Last) JEROLD 3	.MCCOLLUM					2, DATE OF I	D/	3. 199	EAR	645 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	ist birthday)	IF UNDER 1 YE	EAR IF U	NDER 24 HRS.	7. DATE OF E		6.	BIRTHPLA	CE (State or Foreign
	579-36-1429	MX M 2 □ F 61	YRS.	MONTHS	NYS HOU	HS MIN.	05-16				Carolina
_	9a, FACILITY NAME (If not Institution, give st		. 1	9b. CITY, TO	_	CATION OF I	DEATH		9c. COUNTY		
DIRECTOR	Greater Laurel Be	restille mospita	aı	Laur	eı eı				Princ	e Ge	orge
E	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION						-	10d	. INSIDE CITY	
E I	Maryland Prin	ce George	La	urel						1X	YES 2 NO
FUNERAL	500 Greenhill Ave.				101, ZIP (0707			10g. CITIZEN USA	OF WHAT	COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, William (Specify Yea)								American Indian,		
BY	1 Never Merried 2 Merried 3 Divorced	IF YES, GIVE WAR OR DATES	N.S	1 🗆	YES 2	NO Spec		, =:07		Specify:	nite
	15. DECEDENT'S EDUC	CATION 160 D	ECEDENT'S	USUAL OCCU	IPATION	- <u>-</u>	1Ab KIN	D OF BUS	SINESS/INDUST	ray	
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	Give kind of ve e. Do NOT us	work done durk se retired.)	ng most of w	vorking					
P	12	0 Sa	lesma	n			In	dust	rial T	owel	1 Supply
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Ruffin Vance FicCo	11.um			16. 1		AME (First, Middl	e, Melden	Sumame)		
BE (nknown				
2	Jean Accollum			reenhi			l Route Number, C Laurel.		n, State, Zip Co 20707	-	
	20 N/METHOD OF DISPOSITION			SITION (Name					CATION — City		State
	1 Buriel 2 Cremetion 3 Remo			ge Men					lt., M		otare
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NA	ME AND AD	DRESS OF I	FACILITY F1e	ck F	uneral	Hom	e. Inc.
	1	11.1:	1	7601	Sand	y Spr	ing Roa	d L	aurel,	HD	20707
	23. PART I. Enter the diseases, or o	complications that caused the d	laath. Do	not antar th	a mode o	dying, au	ich as cerdiac	or reap	ratory arreat		Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on each lin	1	1	1	P				i	Interval Batween Onset and Death
	disease or condition resulting in death)	Mesasta	tu	00.	tru	- (1	ercu	NON	na		
		DUE TO (OR AS A CONS	EOUENCE O	F):							
NO	Sequentially list conditions,	b. DUE TO (OR AS A CONSI	EUTENCE U	n.							
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	oc io foil no n ocitor	LOUCHUL U	. ,.							
띮	CAUSE (Disease or Injury thet initiated events	CDUE TO (OR AS A CONSI	EQUENCE O	F):							
ᇤ	reaulting in death) LAST	d									
	PART II. Other significant condition	as contributing to death but not	reaulting	In the unde	riving ceu	ise alven i	n Part I. 24	. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
CAL		_			, ,		- 1	PERFOR		CO	ILABLE PRIOR TO MPLETION OF CAUSE
MEDIC							''	1E3 4	No		DEATH?
							_				3
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE	OF DEATH (Check only one)				
EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 Residence 6 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY	c. INJURY WORK?		28d. DESCRI	BE HOW I	NJURY OCCUP	ED	
BY	Accident Investigation				1 VES	2 NO				- 10	Verifica-
									Number		
	29e. CERTIFIER	ICIAN, To the heat of the least to the			Jan. 1930	70 107					
COMPLETED	(Oriota Oriny	ICIAN: To the best of my knowledge, of ER: On the basis of examination end/o								ause(s) en	d menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					LICENSE N					inth, Day, Year)
8	Willand	Warren in	0			mD.	13916		• 91	9/9	O
임	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (IT	EM 27) (7vo)	Print)	1	-		1	- 1-1		_

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondall



31. DATE FILED (Month, Day, Year)

Intain a return Caramona

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEOENT'S NAME (First, Middle, Last	1			ICATE O		2. DATE OF D	EATH DAY	YEAR	TIME OF DEATH
	Charles A.		1				9.	33-90		6 4
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	-	MONTHS DAY		7. DATE OF BI (Month, Day)	Ybar)	6. BIRTHPLA Country)	CE (State or Foreign
	217-36-4377	-	96	YRS.			04-0		MARY	
B	PO. FACILITY NAME (If not institution, give		omé			n or location of i			TY OF DEATH	1
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY		10c. C/7	Y, TOWN OR LO	CATION				I. INSIDE CITY
	Maryland Ca	rrall		14	Amps	read			1[YES 2 NO
RAL	100. STREET AND NUMBER 4207 BECKLE	YSVINE	Rd			101. ZIP CODE			EN OF WHAT	COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. A	RMED		ECENDENT OF HISP			14. RACE -	American Indien,
0	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES	NO		epecify Cuben, Mexic ES 2 NO Spec		, etc.)	Specify:	1
LED	15. DECEDENT'S ED (Specify only highest gra-		(1	ECEDENT'S Give kind of a. Do NOT u	Work done during	TION most of working	16b. KINI	OF BUSINESS/IND	USTRY	
COMPLET	4th grade	College (1-4 or 6	+)	FART						
000	17. FATHER'S NAME (First, Middle, Last)		4					, Malden Surname)		
8	Charles Amos	MART		DL 164 H IN	ADDRESS (Char	MAG et end Number or Rurs		ull 150 h		
임	Helen Cooper					RMEL				076
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re	movel from State	20b. PLACE	OF DISPO	SITION (Name of	cemetery, cremetory or		20c. LOCATION — (City or Town,	State
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE I		_ Fores	st Ba		enetery	ACH ITY	Upperco,		
	+ Stures	20. 8	line			S. Main S	E11	ine Funer		
	23. PART i. Enter the disesses, or	r complications the	at caused the d	aath. Do	_					Approximate
	shock, or heart failure									Interval Between
	disesse or condition resulting in death)	a	Stor	nac	h	oncer				Bursth
		DUE TO	O (OR AS A CONSI	EOUENCE C	OF):					
CALION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSI	EOUENCE C	PF):					
	cause. Enter UNDERLYING CAUSE (Disesse or injury	C	O (OR AS A CONSI	EQUENCE C	NED.					
RTIF	that initiated events resulting in death) LAST	d.	ON AS A CONS	COUENCE	r).					
CE	PART ii. Other significant condition	ons contributing to	o death but not	resulting	In the underly	ring cause given i	n Part I. 24a	. WAS AN AUTOPSY	24b. WE	RE AUTOPSY FINDING
CAL								PERFORMED?	CO	MPLETION OF CAUSE
MED							''	1 123 2 10		OEATH?
		-								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:	☐ ER/Outpatient	0 U DO4	отный:	PLACE OF OEATH (
HXS	27. MANNER OF DEATH	28e. OATE O		28b. TH	WE OF 28c.	INJURY AT		BE HOW INJURY OCC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	,				WORK? YES 2 NO				
ETED	3 Suicide 6 Could not b	e 28e. PLACE building	OF INJURY — At It I, etc. (Specify)	ome, farm,	street, factory, o	ffice	28f. LOCATION	N (Street end Number wn, State)	or Rural Route	Number,
COMPLE	anal	/SICIAN: To the best of								
	2 MEDICAL EXAMI		examination end/o	r investigati	on, in my opinio	1, death occured at the				onth, Qay, Year)
TO BE	DF	_ v	NO			2331		>	9/2	110
	30. NAME AND ADDIES OF PERSON V	WHO COMPLETED CAL	USE OF OEATH (IT	EM 27) (Typ	er Vik	- Non	Later	us:	2107	4
	31. DATE FILED (Month, Day, Year) SEP 2.4 '90	32. REGISTA	AR'S SIGNATURE	- Hand	lable		1			

v v

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH		AL HYGIENI REG. NO.	9	0_27158
	1. DECEDENT'S NAME (First, Middle, Last) EURYDIC	ESMAT	THEWS		2. DAT	e of Death	29	AR 8 55 pm
	4. SOCIAL SECURITY NUMBER 215-20-8138	6. SEX 6. AGE (1	In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER HS DAYE HOURS	MIN. (Mo	e OF BIRTH nth, Day, Year)		BIRTHPLACE (State or Foreign Country)
OB	9a. FACILITY NAME (If not institution, give str LONG VIEW	reet and number) NURSTNG		CITY, TOWN OR LOCATION	ON OF DEATH		9c. COUNTY	OF DEATH ROLL
DIRECTOR	10a. STATE 10b. COUNTY	RROLL		WN OR LOCATION	FR			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE	CN		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3332 MAI	12. WAS DECEDENT EVER IN		13. WAS DECENDENT O			or No- 14.	RACE American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	n, Mexican, Puert Specify:	o Rican, atc.)		Black, White, atc. Specify: HITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	L OCCUPATION lone during most of workin ed.)	9 1	6b. KIND OF BUS	INESS/INDUST	TRY
MPL	7th grade		Self-Empl			Real		
	17. FATHER'S NAME (First, Middle, Last) RICHARD F	SHAFFE	R		tha E.	t, Middle, Meiden		SNELL
TO BE	190. INFORMANT'S NAME (Type/Print) Claude T. Matthews	17-1-0-2	19b. MAILING ADD	RESS (Street and Number			n, State, Zip Coo	de)
	20a. METHOD OF DISPOSITION	20b	PLACE OF DISPOSITION	dland Cour				or Town, State
	1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF PINERAL SERVICE LICE		lampstead C	emetery 22. NAME AND ADDRES	OF FACILITY			, Maryland
	· Steven	W. Eli	ine	934 S. Mai		Eline f Hampstea		
		omplications that caused List only one cause on a		ntar tha moda of dyl	ng, auch aa ce	ardiac or reapi	ratory arrest	Approximata Interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	12	neumon	~~				2 days
z		DUE TO (OR AS A	CONSEQUENCE OF):					
ATIO	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algnificant condition	a contributing to death b	out not resulting in th	e underlying cause (given in Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Altahe	merer o	Jenen 4	-		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF D	EATH (Check only	one)		
HYS	1 Tes 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	patient 3 DOA 26b. TIME OF	Nursing Home 5 A		ther (Specify)	NJURY OCCUR	ED
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES 2				
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, street	, fectory, office		OCATION (Street in ity or Town, State)		Rural Route Number,
COMPLETED	(oridon orin)	CIAN: To the best of my know R: On the basis of exemination						ause(a) and manner as stated.
ш	296, SIGNATURE AND THE OF CHILINE	2		29c. LIC	ENSE NUMBER			IGNED (Mores, Co. Year)
TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Print	, 0	3316.	2	▶ દ	124/40
	Zin War	or Miles	Hamp!	. 1	ng.	2107	1	form for N
	SEP 2 4 '90	32 REGISTRAR'S SIGN	- Mandelle					7/00/1-

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detached for use as the burial-transit

funeral director, page 5 should be

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31. DATE FILED (Month, Day, Year)

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Dale Edward Martin CERTIFICATE OF DEATH REG. NO. 1 2. DATE OF DEATH DAY DALE EDWARD MARTIN 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 1235 AM 22 90 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 NRS. (Month, Day, Year) 8-19-1925 579-20-7729 1 X M 2 F 65 YRS. Nebraska 9a. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles White Plains 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Rt. 1, Box 116 20695 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES. 2 NO 1 Naver Married 2 Married 1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KINO OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Seco ndery (0-12) College (1-4 or 5+) Placement Officer 4 US Government 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Frank W. Martin Ħ Gertrude Drew BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris B. Martin Box 116. White Plains. Md. 9 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must Arlington National Cemetery Arlington, Va. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner TUBE OF PUNERAL SERVICE LICENSEE Huntt Funeral Home P. O. Box 156, Waldorf, Md. 200
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory street, 20604-0156 medical Approximate intervai Between shock, or heart feilure. List only one cause on each line. Onset and Death RREVERSIBLE **IMMEDIATE CAUSE (Finei** the disesse or condition 6 hrs. resulting in deeth) event, ur traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL **AMILABLE PRIOR TO** divease COMPLETION OF CAUSE 1 TYES 2 THO DF DEATH? 1 TYES 2 . NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL:
1 IB Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending -21-90 18-06 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 0.0 8 Could not be COMPLETED 4 🔲 Homicide 28 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

> 32. REGISTRAR'S SIGNATURE Lulia Davidson-Randelle

Pio. Box

1625

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

20850

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29d. DATE SIGNED (Month. Day.

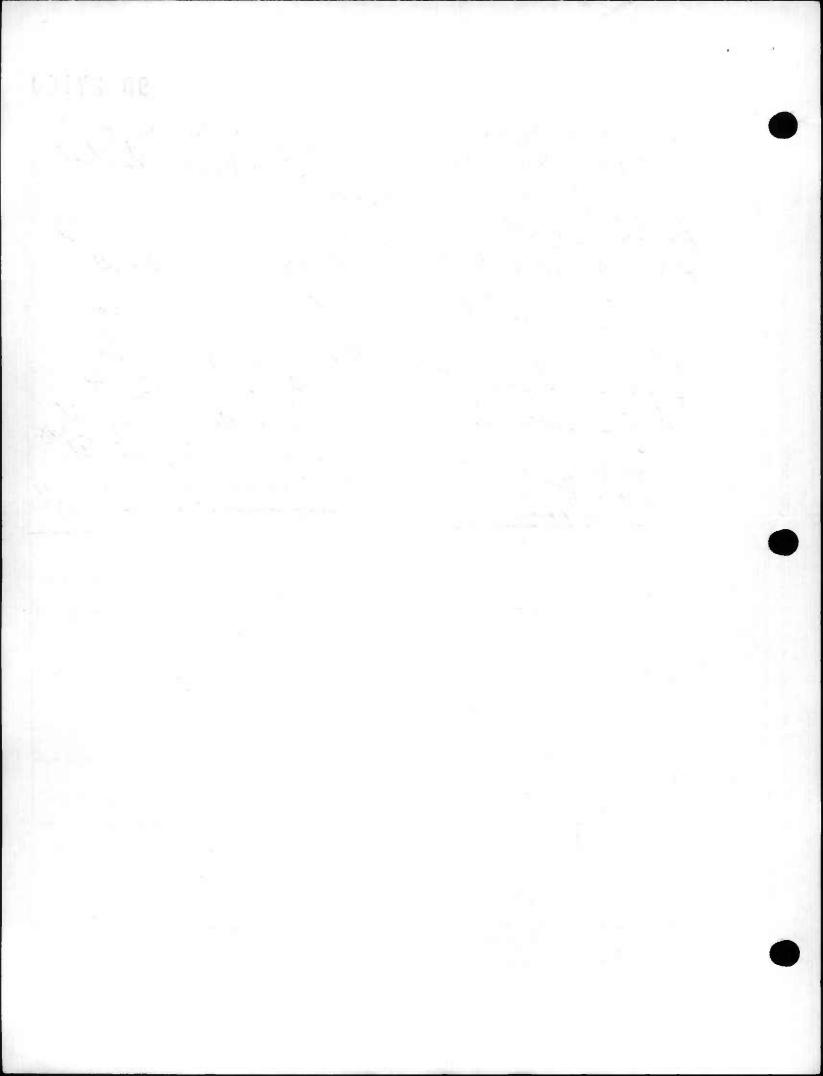
Rochville

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RECORDS,
OF VITAL
DIVISION

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		UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	
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BALTIMORE, MARYLAND 21203-3146	rtend	e as	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 2-riours after death. Page 6 may be retained by the hospital or attending physician.	R: Am	Thin (2 hours after death with the State being in Yeath and Mentan Appliene pixel to the fact and an another to the state of the state
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) 2. QATE OF DEATH	3. TIME OF GEATH
	Emerson W. Myers Ord 24	76 0/05 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Pay, Voice) (Month, Pay, Voice)	B. BIRTHPLACE (State or Foreign
	717-07-2590 1× M 2 - F 74 YRS. MONTHS DAYS HOURS MIN. 08/11/16	Maryland
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY	ITY OF DEATH
OR O	University of Maryland Baltimore	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE / / 100. COUNTY / 100. CIDY, TOWN OR LOCATION	I see many see
E E	Thankson Carroll Finkson	10d. INSIDE CITY LIMITS?
		1 YES 2 NO
RA	2760 Ald Westminster like 21048	1.5 1
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No	14. RACE American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cultum, Mexican, Puerto Rican, etc.)	Specify: 1 1 70
ВУ	3 Wildowed 4 Divorced	WAILE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during what of working	USTRY
9	Elementary/Secondary (0-12) College (1-4 or 5+) Ife, po NOT yee retired.)	TAC.
COMPLET	1/ 1 / ab / Rest. Conjust	
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)	4/1/1
BE		750//
2	19e. INFO/MANT'S NAME (Type/Brint) 19b. MAILING ADDRESS (Stypet and Number for Rural Rouge Number, City of Town, State, Zip	ikslus feel.
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of complexy, cremetory, or 20s. LOCATION —	City or Characters (1)
	1 Buriel 2 & Cremation 3 Removel from State 4 Donetton 5 Other (Specify) Clear piece Cle	S Ded My
	21. SIGNATURE OF FUNERAL GERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	1111
	Illa () Alt VI VILLE ON	/ lestainster
	170000	n po.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errahock, or heart failure. List only one cause on each line.	
		Interval Between
	IMMEDIATE CAUSE (Fine)	Onset and Desth
	disease or condition	
	disease or condition	Onset and Desth
NOI	disease or condition	Onset and Desth
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IFICATION	disease or condition	Onset and Desth
ERTIFICATION	disease or condition	Onset and Desth
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A. MYOCAVIA TATORTON DUE TO (OR AS A CONSEQUENCE OF): COYONAV AVECUS OCCUSION DUE TO (OR AS A CONSEQUENCE OF): A TACOVIC OCCUSION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Onset and Desth 1/2 hour 1/2 hour 20x can
O	disease or condition resulting in death) a. Myocarla Interctor Due to (or as a consequence of): Coronary Artery Occusion Due to (or as a consequence of): Atternology of the initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	Onset and Desth A OUN
DICAL C	disease or condition resulting in death) a. Myocaria Infarctor Due to (or as a consequence of): Coronary Artery Occiusion Due to (or as a consequence of): Due to (or as a consequence of): Atheroscierotic Heart Disease CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Coronary Artery Bypass Surgery Due to (or as a consequence of): Due to (or as a consequence of): Coronary Artery Bypass Surgery Due to (or as a consequence of): Due to (or as a co	Onset and Desth A DUM
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BY PHYSICIAN: MEDICAL C	disease or condition resulting in death) a. MYOCAVIA Introvetor Due to (or as a consequence of): Coronaviate Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): D	Onset and Desth A DUN
BY PHYSICIAN: MEDICAL C	disease or condition resulting in death) a. MYOCAVIA Introvetor Due to (or as a consequence of): Coronaviate Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): D	Onset and Desth A DUN
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BE COMPLETED BY PHYSICIAN: MEDICAL C	disease or condition resulting in death) a.	Onset and Desth
E COMPLETED BY PHYSICIAN: MEDICAL C	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): COUNTY AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A CONS	Onset and Desth A DUN
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	FOR 1 - STATE REGISTRAR	STATE OF M	/MARYLAND /		TMENT				MENT	AL HYGIEN	E 9	0 3	27161		
	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH. DAY. YEAR								YEAR	3. TIME OF DEATH					
	Helen Elizabeth McLaughlin Mond - 22 - 96										M				
	4. SOCIAL SECURITY NUMBER 219–26–1430	5. SEX 1 M 2 XF	6. AGE (In yrs. last birthday) XF 89 YRS.			IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 03-30-01			e. BIRTNPLACE (Stelle or Foreign Country) Pennsylvania				
	9a. FACILITY NAME (If not Institution, give str	9a. FACILITY NAME (If not Institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATN					9c. COUNTY OF DEATN		
O. HO	2707 Old Liberty 1	Sykesville				Carroll			1 County						
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												10d. INSIDE CITY		
DIRECTOR	Maryland Carro		Syke						1 YES 2 NO						
FUNERAL	2707 Old Liber	10f. ZIP CODE 21784						U.S.A.							
₽	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	1 Never Merried 2 Married FORCES? 1 YES 2 NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:							
ETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5	(G	CEOENT'S live kind of Do NOT u	work done of se retired.)	during mo	ON st of worki	ng	11	6b, KIND OF BUS					
COMPLET	10			Hon	nemak	er					Dome	stic			
BE CO	17. FATHER'S NAME (First, Middle, Last) Michael	Cass	idy				18. MOT			stephe					
0 B	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	ind Numbe	r or Rural I	Ploute Nu	imber, City or Town	n, State, Zij	p Code)			
F	Mrs. Kathleen A	. Young	oung 2707 Old Liberty Road Sykesville, MD 2178								1784				
	20a. METNOD OF DISPOSITION 1 GyBurtel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) Lake View Memorial Park 20c. LOCATION - City or Town								,						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	, ,	22.	NAME AN	NO ADDRE	SS OF FA	CILITY						
	→ Brian	d. 11	algli	1	Ha S	algn ykes	vill	nera .e, M	1D 2	ome (P. 1784 (3	301)	795 <u>–</u>	1400		
	23. PART i. Enter the diseases, or c shock, or heart failure.				not enter	the mo	de of dy	ing, suc	h aa ca	ardiac or reapi	ratory er	reat,	Approximate interval Between Onset end Death		
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Crohovarular Acident									Oliset ella Death						
	Today in doubly	DUE TO	(OR AS A CONSE	OUENCE C	P):	/									
Z	Sequentially list conditions,	Sequentially list conditions b. Deabeter welling													
Ĭ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE C	R. 01	0.1.	_								
5	CAUSE (Disease or injury that initieted events	DUE TO	(OR AS A CONSE	OUENCE C	MILLO Pri:	KEL V							-		
CERTIFICATION	resulting in death) LAST		VI C. 1	J											
	PART ii. Other aignificant condition	e contribution to	dooth but not	aa audala a	In the con	ed a advelop		eluse le	Deet 1	Tar. maan		1.00	WERE AUTOPSY FINDINGS		
18	PART II. Other aignificant condition	E contributing to	deeth out not	resulting	in the un	шөпун	g cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC										1 TYES 2	Мио		OF DEATH?		
													1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				_	26. PI	LACE OF I	DEATN (Ch	ack only	one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 DOA	OTHER	R:	- 1	1115-33-7							
Ŧ	27. MANNER OF DEATH	F DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
ВУР	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?													
2 0	3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. L/								28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the heat o	f my knowledne d	eath occur	red at the t	lme data	and place	a, and dur	to the	causalat and ma-	nner as st	nted			
COMPLETE	(Check only one) 2 MEDICAL EXAMINE												a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIES	7						ENSE NUI			,		(Month, Day, Year)		
BE	Total Tumesus D20806 1 9/24/90									1/95					

1425 Liberty Road Eldersburg, MD 21784

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Patrick Turnes,

Dr.

31. DATE FILEO (Morrith, Dey, Year)

M.D.

32. RECIFTMANS JONATHAE Randales

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed to be the standard of company of the standard of the st	De med within 72 hours aret beath with the State Dept. Of nearth and mental hydrec protet bounds, continuous, or tendora. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	FOR STATE REGISTRAR	STATE OF M	MARYLA	ND / DEPA CERTII					MEN	TAL HYGIEN	IE	90	27162
	1. OECEDENT'S NAME (First, Middle, Last)			7						ATE OF DEATH	AY	YEAR	3. TIME OF OEATH
	Dorothy M	ears					1	ptembe			990 1630		
	4. SOCIAL SECURITY NUMBER	5. SEX	yrs. lest birthday						ATE OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	579-42-4588	1 [M 2] F	=	55 YRS.	MONTHS	DAYS	HOURA	MIN.	6	Month, Day, Year) -28-1935	5	Country, Washi	ngton, D.C.
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b. CITY, TOWN OR LOCATION OF DEA						ATH				
Calvert Memorial Hospital Prince Frederic								,	l				
DIRECTOR	RESIDENCE OF DECEDENT									vert			
Ä	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?	
a	Maryland Calv	ert		Lus	sby								1 TES 2 1 NO
A	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF V								IZEN OF WI	HAT COUNTRY?			
FUNERAL									ted S	States			
3	11. MARITAL STATUS	12. WAS OECEDEN			13	WAS DEC	ENDENT	OF NISPA	VIC OF	RIGIN? (Specify Ye	a or No-	14, RACE	- American Indian, White, etc.
	1 Never Married 2 X Married	FORCES? 1					ecify Cubi			arto Ricen, etc.)		Specify	r:
B	3 Widowed 4 Divorced											Whit	e
	15. DECEDENT'S EDUC (Specify only highest grade			18a. DECEDENT	'S USUAL	OCCUPATIO	ON ast of world	na		16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	r)	iffe. Do NOT	use retired.)							
를	Grade 12			House	ewife	ة				Homemal	cer		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (F	irst, Middle, Malder	Surname)		
BE (John Anothy Trill	ing				_	Dor	othy	G G	oldsmit	า		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	IG ADDRE	SS (Street a	ind Numbe	r or Rural	Route	Number, City or Tox	vn, State, Zi	ip Code)	
٤	Joseph Mears, Jr.			11710	O Coi	nfie	eld_D	rive	,]	Lusby, 1	Maryl	and 2	20657
	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Remo	uml from State		PLACE OF DISP other place)	OSITION (I	Vame of ce	metery, cre	matory or		20c. L0	CATION -	- City or Tow	rn, Stata
	4 Donation 5 Other (Specify)	Wal Holli State		etropol:	itan	Cren	ator	У		Alex	kandr	ia, V	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				. NAME A				Y			
	Rausch Funeral Home, 4405 Broomes Port Republic, Maryland 20676								es ISI. Ra;				
-	23 PART Enter the diseases or o	omolications the	t caused	the death Do									Approximate
	shock, or heart fellure. List only one cause on each ilna.									interval Batween			
	iMMEDIATE CAUSE (Final disease or condition	0		5	1	Ro	ىلد د	. 10		Liver	- 0	0	Onset and Death
	resulting in death)			CONSEQUENCE		Dr	057					DCH	
		OUE IO	(OR AS A	CONSEQUENCE	OF):			1	10	testa	205		İ
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A	CONSEQUENCE	OFI:				16	16314	ر ر		
Εl	if any, leading to immediate cause. Enter UNDERLYING		(0		· /·								į
읪	CAUSE (Diseese or injury that initiated events	DUE TO	(OR AS A	CONSEQUENÇE	OF):								-
Ē	resulting in death) LAST												
8		d											+
اب	PART II. Other aignificant condition	contributing to	death bu	t not resulting	g in the	underlyin	g ceuse	given in	Part		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u>Š</u>										1 TYES	5		COMPLETION OF CAUSE OF DEATH?
삘													1 YES 2 NO
5													
3	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATN (C	heck or	nly one)			
AMAILABLE COMPLETION OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investig													
BY O	1 280, PLACE OF INJURY — At nome, farm, arrest, factory, office 1 281, LOCATION (Street and Number of Hural Houle Number,									oute Number,			
4 Homicide determined													
COMPLETED	29a. CERTIFIER (Check pale 1 CERTIFYING PHYSI	CIAN: To the heat o	f my knowl	edge, death occ	arred at the	time de	and place	a, and sky	to th	e causala) and m	nner en et	ated	
Ā	(Check only MEDICAL EXAMINE		j.										and menner as stated.
	29h. SIGNATURE AND TITLE OF CENTIFIES	///	-										
BE	State of the state	(D)	110	01 "	200		THE LIKE	ENSE NU	/	DOZ	29d. DA	a 7	(Month, Day, Year)
_	SINCHES	0/-10	200	11/1	10)		~	0	0	~/	1 7	1/	0/70

Prince Frederick Maryland

Dr. Sheldon Goldberg M.D.

SEP 2 7 1990 July Sundrugs Signatures S

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by	TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	De med writin /2 nous arer death with the bake belt, or regul and mental hydron provide common, or remove. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NENTAL HYGIEN	90	27163	
	1. DECEDENT'S NAME (First, Middle, Lest) THELMA E NAGLE					2. DATE OF OEATH MONTH DA 09 16			
)	4. SOCIAL SECURITY NUMBER 214-20-4808 90. FACILITY NAME (If not Institution, give since the content of the co	1 M 2XXF 64	YRS. MOR	UNDER 1 YEAR ITHE DAYS CITY, TOWN OF	HOURS MIN. R LOCATION OF DE	ATH	926 Ba	RTHPLACE (State of Foreign Sundry) alto, Maryland OF OEATH ARUNDEL	
RAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Anne 10e. STREET AND NUMBER	Arundel	10c. CITY, TO	OWN OR LOCATION OF BURNIC	ON CODE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO 10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	6662 Roberts Ct. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 X Olvorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	If yes, spe		IC ORIGIN? (Specify Yee I, Puerto Rican, etc.)	D.S.A. or No- 14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	Give kind of work life. Do NOT use res	done during mos tired.)	N t of working	cturing			
BE COM	17. FATNER'S NAME (First, Middle, Last) George E. Smith		1 4 5 5 5 7 11	ÇI KCI		ME (First, Middle, Melden	Sumame)		
TO E	190. INFORMANT'S NAME (Type/Print) Dorothy S. Smith	I n	6662 R	oberts	Ct. Apt.			nie, MD 21061	
	20e. METHOD OF OISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LR	CENSEE	b. PLACE OF OISPOSITION other place) Glen Have	n Memoi	rial Parl	Glen Glen Glenty Glenty	Burnie	A.A., MD	
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute OUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	raley	Faul Rrme	as cerdiec or respi luve Obstra	ratory arrest,	Approximate interval Between Onset and Doath	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	OUE TO (OR AS d	A CONSEQUENCE OF):			puli	uang		
PHYSICIAN: MEDICAL	PART II. Other algnificant condition					Part i. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch				
BY PHYS	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		6 Other (Specify) 26d. OESCRIBE HOW	NJURY OCCURE	50	
	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJUR building, etc. (Spe	26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)			26f. LOCATION (Street City or Town, State		ural Route Number,	
COMPLETED	Compon only	SICIAN: To the best of my know ER: On the beele of examination						use(e) end manner ee stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	M) Atten	dup Doc		D & L	4BER 684	29d. DATE SIG	• 17 · 90	
	CHACKUMKAL V. CYRIAC,	, M.D. 1600 CRA	IN HIGHWAY,	S.W., #3	08 GLEN B	URNIE, MARYL	AND 2106	1	
	SEP 21 1990 Julia	32, REGISTRAR'S EIG	TURE						

AND THE RESERVE OF THE PARTY OF

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hos

1 • FOR STATE REGISTRAR	STATE OF N					EALTH AND I		GIENI G. NO.	90	1-0	77164	L
1. DECEDENT'S NAME (First, Middle, Last)						1 4	2. DATE OF DE	ATH	Υ	YEAR	3. TIME OF DEATH	
Genevieve Louise	NICKE						09	07	19	90	6:45P	M
A CONTRACTOR OF THE PARTY OF TH	SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,			6. BIRTH Countr	IPLACE (State or Foreign y)	
202-03-7233	☐ M 2X F	95	YRS.				March	10		5 0		
9a. FACILITY NAME (If not institution, give street	and number)					R LOCATION OF DE	EATH			YTY OF D		
Doctors Hospital				La	anha	m			Prir	ice (George's	
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCATE	ON					10d. INSIDE CITY	_
Maryland Prince	Georg	e's	Ch	ever	·ly						LIMITS?	
10e. STREET AND NUMBER						ZIP COOE			10g. CITI	ZEN OF V	VHAT COUNTRY?	_
3012 Lake Avenue						20785			U	.S.A	٨.	
	WAS DECEDEN	IT EVER IN U.S. AR	MED			ENDENT OF HISPAN			or No-	14. RACE	E — American Indian, k. White, atc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2X	40			elfy Cuban, Maxica 2 NO Specify		etc.)	İ		ite	
15. DECEDENT'S EDUCATI	ON	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N	18b. KIND	OF BUS	SINESS/IND			
(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5	MAG	Do NOT us	work done (se retired.)	during mos	t of working						
1 2th	2		mem	aker			Ow	n H	ome			
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle,	Meiden	Surname)			
James Myers						Eliza	beth S	hee	han			
190. INFORMANT'S NAME (No. 1900) Hal Nickel						nd Number or Rural						П
						enue, Cl			CATION -			_
20a, METHOD OF DISPOSITION 1 X Buriel 2 Crementon 3 Removed 4 Donation 5 Dother Coccil	trom fate /	other pi	lace)			netery					Maryland	
21. BIGNATURE OF EDNEBAL SERVICE LICENS	11/	2 /	· L11	22.	NAME AN	D ADDRESS OF FA	CILITY					_
1/01/	41)/ 4							_		RAL HOME	
/ JUMC/	// >	19/14		47	739 I	<u> 3alt. A∨</u>	e., Hy	atts	ville	, M	d. 20781	
23. PART I. Errer the diseases, or com-	only one cer	use on each line	Ð.					r reepi	ratory an	rest,	Approximata intervai Betwe	en
IMMEDIATE CAUSE (Final disease or condition		7	- 1	//_	1	1 1.					Onest and Dec	ath
resulting in death) e	- Cu	mgest	NO 11	ren	1	Lule	4				Teers	
	DOF 10	OF AS A CONSE	OUENCE O	P):							1	
Sequentielly list conditions, b.	DUE TO	OR AS A CONSE	OUENCE O	F):							1	
If any, leeding to immediate cause. Enter UNDERLYING		•		•								
CAUSE (Disease or injury that initiated evente	DUE TO	(OR AS A CONSE	OUENCE O	F):								
resulting in deeth) LAST												
PART II. Other significant conditions of	ontributing to	death but not	resulting	in the ur	nderlying	cause given in		WAS AN PERFOR	AUTOPSY	39	AWAILABLE PRIOR TO	
143	ypu	ny					10	YES 2	NO		OF DEATH?	1
	00	_/					_				1 YES 2 NO	
										ᆚ	_	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHE		ACE OF DEATH (C)	neck only one)					_
	-	ER/Outpatient	1			e 5 🗆 Residence		_				_
27. MANNER OF BEATH 1 Natural 5 Pending	(Month, i	F INJURY Day, Year)	28b. TIN	JURY M		URY AT FIK? (ES 2 NO	28d. DESCRIBI	E HOW I	NJURY OC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — AJ h	oma, farm,	street, tac	tory, offic		28f. LOCATION			r or Runel	Route Number,	
4 Homicide determined	Dunung	, etc. (Specify)					City or Tow	n, state)				
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA	7										(a) and many	
1/100	THE DESIGN OF	-Ammiduori and/or		on, in my	opinion, d			orace, ar	rd dus to ti	ne cause(a) and manner as stated	•
296. SIGNATURE AND ATLE OF CENTIFIER)					29c. LICENSE NU			29d, DAT	S SIGNET	(Yorth, Day, Year)	
Muller						9 22	700		-	1/8/	40	

CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev t/89



36 T. F. m. P.

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6 BALTIMORE, MARYLAND 21203-3146	24 hours a	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 ment
BOX 1314	cate be executed	physician and com
0.	th certifi	Bulging
DIVISION OF VITAL RECORDS, P.O. BOX 13146	IYSICIAN: The law requires that the deal	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
ONO	IDING PH	After thi
DIVISI	OR ATTEN	DIRECTOR:

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ATTEND	CTOR: /	after c	28 is
AL 0R /	L DIRE	2 hours	f Item
HOSPIT	FUNERA	within 7	IANT:
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIL OI	MANILAN	CERTIF		E OF			MEIVIA	REG. NO.		0-0	2/	16	2
-	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	I.Y	YEAR	3. TIME	OF DEATH	
ng	Marjorie Stor	ne Ott	0						MONT	9 _ 1"	5 _	*9 0		0115	М
1	4. SOCIAL SECURITY NUMBER	5. SEX	197	rs. last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		Country	y)	State or Foreig	gn
4	323-05-8621	1 □ M 2 🏋 F	7	8 YRS.	MONTHS	LANTS	HOURS	MATER.	0	3 — 0	1-12	Mis	sou	ri	
	9a. FACILITY NAME (If not institution, give					Y, TOWN O			EATH		9c. COU	NTY OF D	EATH		
8	2904 South Hav	ren Rd.			An	nap	olis					AA			
DIRECTOR.	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~		100 CIT	V TOWN	OR LOCAT	ION					- 1	104 BH	SIDE CITY	
Ē		e Arund	el	1		olis							LIA	AITS?	
							. ZIP CODI			10g. CITIZEN OF WHAT CO				ES 2 NO	
1 Never Married Married If YES 2 NO If YES 2 NO Specify Cuban, Maxican, Puarto Rican, atc.) 3 Wildowed 4 Divorced If YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES NO Specify:							SA	MAI CO	ONTATT						
						1 ☐ YES NO Specify: Specify:					rican Indian, etc. Thite				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16	a. OECEDENT'S	work done	during mo		na	161	. KIND OF BUS	SINESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	life. Do NOT u	ise retired.)										- 1
M P	12	4		Home	make	er				House		<u>d</u>			
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden					
BE	Kimbrough Sto	ne		,						krill					
2	19a. INFORMANT'S NAME (Type/Print) Samuel E. Otto	_								ber, City or Tow					
-		0		2904					oad,						1
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Rer	noval trom State	20b. Pt	her place) Cr	SITION (N	isme of cer	netery, cren	nstory or				City or To			
	4 Donation 5 Other (Specify)		Met	ro Cr						Bal	tim	ore,	MI)	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1// /	//	\mathbf{T}^{2}	name an	arde	ss of fa 2st	CILITY V Fu	neral	Но	me			
	Oabut 11	Umo	I h.		1:	2 Ri	dge:	ly i	Aven	ue, A	nna	poli	S.	MD 2	140
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d		ONSEQUENCE O											
PHYSICIAN: MEDICAL	PART II. Other significent condition	ns contributing t	D death but	not resulting	In the u	inderlyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR	RMED?	24b.	COMPLI OF DEA	UTOPSY FINE ILE PRIOR TO ETION OF CAI TH?	USE
ž		_										\perp			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	DEATH (C)	neck only o	ne)					
Z	1 X YES 2 NO	1 Inpatient 2			4 🗆 Nu	insing Hor		aaldenca	v .	er (Specify)					
ᇤ	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE ((Month,	Day, Year)	28b. TII	JURY	28c. INJ WC	URY AT ORK?		28d, DE	SCRIBE HOW	NJURY O	CURED			
BY	1 X Natural 5 Pending 2 Accident Investigation				М		YES 2	NO							
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE buildin	OF INJURY — g, atc. (Specify)	At home, farm,	atroot, fa	ctory, offic	4			CATION (Street or Town, State)		or or Rural F	Route Nu	mber,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY:												a) and m	anner så stal	led.
	296. SIGNATURE AND TITLE OF CERTIFI	97		200			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month,	Dey, Year)	
BE	(Mellen)	1	201	De	put	y	D	060	054		>	09 1	5 9	0	
2	30. NAME AND ADDRESS OF PERSON W														
	William P. Jo	nes, M.	D.	695 A	mer	ica	Cou	rt	210	35					
- 1	21 DATE ER ED (Month Day Year)	22 DECIST													



Mary - Walle and the state of the

BALTIMORE, MARYLAND	fours after death. Page 6 may be retained by the host	d in by the funeral director, page 5 should be detache	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	be filed within 72 hours after death with the State Lept. Or regult and well at hybers prior to buries, centeration, or lettings. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Agaline	Aiddle, Last)							DATE OF DEATH			3. TIME OF DEATH
				5.	CICL	,	,	O 1 3		YEAR	9.35 A
4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS. 7. E	ATE OF BIRTH		. SIRTHP	LACE (State or Foreign
213-74-348	33 1[M 2 □ ₇ F	8		MONTHS DA	MOURS	mare.	Month, Day, Year)		Country)	YLAND
9e, FACILITY NAME (If not insti	itution, olve atmet i	and number)	0	/	9b. CITY. TO	VN OR LOCAT	ION OF DEATH	2/24/07	9c. COUNT		
	0.50						on, M	d			
5347 DEAL	E CHUR	CHTON	RD.		CII	urchi	.OH, F	. u	A	. A .	
10a. STATE	10b. COUNTY			10c. CI	Y, TOWN OR LE	CATION					10d, INSIDE CITY LIMITS?
Md	Anne	Arun	del		CHURCH	TON		1[1 YES 2 NO
10e. STREET AND NUMBER						101, ZIP COD	Œ		10g. CITIZE	N OF W	IAT COUNTRY?
5347 DEA	LE-CHU	RCHTO	N ROAT	D		207	733			U.S	. A .
11. MARITAL STATUS	12.	WAS DECEDEN	T EVER IN U.S.	ARMED		DECENDENT	OF HISPANIC O	RIGIN? (Specify Yea			- American Indian, White, etc.
1 Never Married 2 M	amed	FORCES? 1	YES 2 {	NO		, specify Cub YES 2 ∑XNO		erto Rican, etc.)			black
3 Widowed 4 Divorc	ed										ртаск
	DENT'S EDUCATION			(Give kind of	WORK done durin		ing	16b. KIND OF SUS	INESS/INDU	STRY	
Elementary/Secondary (0-1	2) Ca	ollege (1-4 or 8	+)	Me. Do NOT L		T)					
Can Can		**		нос	SEWIF	L					
17. FATHER'S NAME (First, Mide								First, Middle, Maiden S	Sumame)		
	BROWN							TTHEWS			
19a. INFORMANT'S NAME (Typ	e/Print)							Number, City or Town			
ELLA NEAL				5347	DEALE	CHUR	CHTON	RD. CH			
20a, METHOD OF DISPOSITIO	N 3 🗆 Removal	from Stata		CE OF DISPO	SITION (Name o	f cemetery, cre	metory or		CATION — CI		
4 ☐ Donation 8 ☐ Other (S	Specify)	7-1-5563(1)			METER				RCHT		
21. SIGNATURE OF FUNERAL	SERVICE LICENS	EE /			22. NAN	E AND ADDR	ESS OF FACILIT	Y 821 WE	ST S	To	ANNABOL
Lann	. 4	Kon	10 -		LIT	TTTAN	DEEC				ARY, P.
disease or condition resulting in dasth)	a		y dra								3day
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cecal Volvulus DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
that initiated events	d										
that initiated events	d	ontributing to	death but no	ot reaulting	In the under	tying cause	given in Par				
that initiated events reaulting in death) LAST	d	ontributing to	death but no	ot reaulting	In the under	tying cause	given in Par	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS
PART II. Other algnifican	d					tying cause	given in Par		MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnifican	d					lying cause	given in Par	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAU
PART II. Other algnifican Lung C Personal 25. WAS CASE REFERRED TO	an Cerr				Le		given in Pari	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnifican	d at conditions co	ascul		i'sea	OTHER:	6. PLACE OF	DEATH (Check o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other aignifican LUNG C PENTIL 25. WAS CASE REFERRED TO EXAMINER?	d at conditions co	OSPITAL: Inpetient 2	ER/Outpatien	3 DOA	OTHER: 4 Nursing	8. PLACE OF Home 8 20	DEATH (Check of Residence 8	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Salara market of DET # 19

			REGISTRAR		CERTIF	ICATE OF	DEATH	REC	3. NO.	
		-	1. DECEDENT'S NAME (First, Middle, Last)	210	^	1		2. DATE OF DEA		3. TIME OF OEATH
			Eric S. Banks?	TO Aby BO	4 0	dom		Eptember	14 199	0 1930 M
			4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH 8.	BIRTHPLACE (State or Foreign
	P	1	Mone	1 0 M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,)	Q A	WICOMICO
	131	/	9a. FACILITY NAME (If not institution, give si			SP CITY TOWN	OR LOCATION OF DE		9c. COUNTY	
	-	· c	Peninsula General			Salis		ann .		comico
25-	60 10	0	RESIDENCE OF DECEDENT	Hospital		Daris	TOUL y			
je.	S.	ECTOR	10a. STATE . 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
	Pages	DIR	Md.	PAULTERET	16	14 50	MERS	DUF	Ants	LIMITS?
	ji.		10e. STREET AND NUMBER	INCINITION I	16		of, ZIP CODE			OF WHAT COUNTRY?
	e e	RA	CELEVIL	-11-4 SAMER	S COUL		710,7		/	15.
	an.	FUNERAL	11. MARITAL STATUS				21011	110 aminute in		7737
9	or attending physician. r use as the burial-transit permit,	5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN (FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAN	n, Puerto Rican, e		Black, White, etc.
21203-3146	P d Dr Dd	BY	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DAT	ES	1 🗍 YE	S 2 NO Specif	y:		Specify: BIACK
9-3	as t	ED I	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	HISHAL OCCUPAT	TON	16b KIND	OF BUSINESS/INDUST	TRY .
20	al or att		(Specify only highest grade	completed)	(Give kind of a	work done during n	nost of working	100.1010	DI DOGINEOG/11000	
		COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)						
9	the hospital detached fo	Ž	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (Class Miletalle)	Maide Comment	
A :	be det		Francis Sant	BANKS			10. MOTHER'S NA	In h	11.	
₹:	ald be	H	FIL SCOTT	DATINS	1		MAYE	IM V.	OROM	
MARYLAND	5 should	2	19a. INFORMANT'S NAME (Type/Print)	9 1	196. MAILING	ADDRESS (Street	and Number or Rural	1 1 5	or Town, State, Zip Co	21817
_ 4	2 % .		FINGRIA D.C	240M	164	DOMES	5 COUR	Crist	IEIG MA,	
2	death. Page 6 may be funeral director, page examiner must be		20s_METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	oval from State	other place) 1	SITION (Name of c	emetery, cremetory or		pc. LOCATION City	or Town, State
O '	rector, p		4 Donation 5 Other (Specify)		Hs	bury	Zm.	1	AWSONIK	Wid.
BALTIMORE	death. Pag tuneral dii i. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_	22/NAME	AND ADDRESS OF FA	CILITY	< /	1 - 11
ALI			Atalhas 6	. (Lary)		314	COUR	St. Li	risField	ynd.
0			23. PART I. Enter the diseases, or o	complications that caused	the deeth. Do i	not enter the m				
	in the		ehock, or heart fallure.	List only one cause on each			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Interval Between
	F 1 1 1 2		IMMEDIATE CAUSE (Finel disease or condition		1 1/				, /	Onset and Death
	od within 24 ompletely fill il, cremation, event, the		resulting in death)	OUE TO (OR AS A	rema	2 (21-11	73	~ به ده	- /-
13146	B 5 7 8			OUE TO (OR AS A	CONSEQUENCE O	r):		0		
131	in certificate be execution and of the prior to buring physician and of the prior to buring or other traumatic	NO	Sequentially list conditione,	b DUE TO (OR AS A (CONSEQUENCE	Б.				
	be ex	Ē	If any, leading to immediata cause. Enter UNDERLYING	DOE TO (ON AS A C	CONSCOUENCE	r).				i i
ВОХ	physician ne prior to	길	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O	E.				
0	nding physi Hygiene pr or other to	Ė	that initiated events resulting in death) LAST	DOE 10 (011 NO A 1	CONSEDUENCE O	.).				i
<u>Ч</u>		CERTIFICATION		d						
Ś	that the death led by the atte th and Mental any Injury,		PART II. Other significant condition	s contributing to death bu	t not reaulting	In the underlyi	ng causa givan in		MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ORD	that the ed by the and any in	EDICAL							PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	res the signed earth earth	G						1	YES 2 NO	OF DEATH?
REC	law requir as been si bept. of He 23 show	Σ						—		1 TYES 2 NO
1 .	SICIAN: The law requires the certificate has been signed to the State Dept. of Health 31, or Item 23 shows an	SICIAN:	or the over present to replace				DI 100 DE 000 T			
VITAL	ate h	호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C/			
	PHYSICIAN: The this certificate his with the State Cirked, or Item	YS.	1 YES 2 NO	1 1 Inpatient 2 ER/Outpa		4 - Nursing Ho	ome 5 - Residence			
OF	PHYSIC this ce with th	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIA	JURY Y	NJURY AT YORK?	26d. DESCRIBE	HOW INJURY OCCUP	RED
	ING PHYS offer this cleath with marked,	Æ	2 Accident Investigation				YES 2 NO			
0	NDIN R: Aff		3 Suicide 6 Could not be	26s. PLACE OF INJURY - building, etc. (Special		atreet, factory, of	fice	261. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
DIVISION	atte	ETE	4 Homicide determined							
	DIRECT NOURS	7	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	CIAN: To the best of my knowle	idga, death occur	red at the time, da	its and place, and du	to the cause(s) a	and manner as atated.	
		COMPL	one) —	R: On the beals of examination	and/or investigation	on, in my opinion,	, death occured at the	time, data and p	lace, and due to the c	ause(s) and menner as stated.
	TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIE	8			29c. LICENSE NU	MBER	204 DATE O	IGNED (Month, Day, Year)
	THE DE FIED	띪	JOHN STORE AND THEE OF CERTIFIE				7 11			
	2843	2	30. NAME AND ADDRESS OF PERSON WI	Come exercise of a	TH STEM AND TO	- Orient	0/6	601	1, 7	114/96
		-	C	COMPLETED CAUSE OF DEA	un (IIEM 27) (<i>lyp</i> i		110001	101	1 102	
			CONSTANTINE	- LAMBRO		D all	24 Nonth	TCNC.	SALISO	IRY Mal
			SEP 2 0 '90	32. REGISTRAR'S SIGNA	Midson-Ray					
			VLI	guna Da	Mary Char	nde Pa				

Tairi 12

1	REGISTRAR	SIMIE OF MANTLAN	CERTIFICATE OF	HEALTH AND MENT DEATH	REG. NO.	0 27168
. nol	1. DECEOENT'S NAME (First, Middle, Las	Maurice H. Op	her	2. DA' MOI	15 8 / 27 / 90 2	STUMBOT DEATH
	4. SOCIAL SECURITY NUMBER 230-26-8021 9a. FACILITY NAME (If not Institution, give	5. SEX 8. AGE (In you	rs. leaf birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. 7. DAT	E OF BIRTH nth, Day, Year) 2 1921	BIRTHPLACE (State or Foreign
DIRECTOR	REBIDENCE OF DECEDENT 10s. STATE 10s. COUR	general Mosp Rchester	TOL CAM ON LOCA	bridge, 18	C. DOR	TO STER. TO SHED CITY LINETED THE 2 NO
ERAL	106. STREET AND NUMBER 4// Hughe	s Ct.	1	2/6/3	10g. CITIZE	ISA
BY FUNER	11. MARITAL STRTUS 1 Never Married 2 Married 5 Widowed 4 Divurced	12. WAS DECEDENT EVER IN U. FORCEST 1 YES 1 YES 1 YES 1 YES 1 YES 2	If yes, s	CENDENT OF HIBPANIC OFFIC pecify Cuben, Muxican, Puert S 2 1 MO Specify:		RACE — American Indian, Black, White, etc.
APLETED	15. DECEDENT'S EL (Specify any hymest are Elementary/Secondary (9ft2)	DUCATION 18 Use completed) College (1-4 or 5 +)	BECEPENT'S USUAL OCCUPAT (Gife kind of your dame during in NY DE NOT use malred)	ION 1 Note of working	ED. KIND OF BUSINESS/INDUS Ceveral	STRY
BE COMPL	alfred C	pher		Munn	i Messe Maisen Signame)	la
10	nocolie Ox	her	190. MAILING ADDRESS (SPW)	end Number or Rural Playte No	mber, City or Reen, Sliftin, Zip Ci	ode)
	20a METHOD OF DISPOSITION 1 Densition 2 Cremation 2 Re 4 Densition 5 Other (Specify)	movel from State 266. Pt	ACE OF DISPOSITION (Name of a	emetary; cremetory or	Made	y or Town, State
	21. SIGNATURE OF FUNETAL SERVICE	L. Smit	H BS 7	2 H. P.O.B.	ry 928 Hu	whole med
	23. PART I. Enter the disease, or abook, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on each Carcinoma. a	line. lung Lung ONSEQUENCE OF:	ode of dying, such as o	erdiac or respiratory arres	Approximate interval Between Open Alpa
RTIFICATION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO JOR AS A CC		27		Years
444 18	resulting in death) LAST	d				
MEDICAL CE		d	not resulting in the underlyi	ng cause given in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN: MEDICAL CE	PART II. Other algnificant conditions of the con	done contributing to deeth but	26.	ng cause given in Part i.	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions are supported by the second	d. Iona contributing to deeth but HOSPITAL: 1 Inpetient 2 ER/Outpatk 28a. DATE OF INJURY (Month, Day, Year)	26. THER: 4 Nursing Ho 28b. TIME OF INJURY	PLACE OF DEATH (Check only	PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions of the con	HOSPITAL: 1 Inpatient 2 ER/Outpatk 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — Building, stc. (Specify)	26. find OTHER: ant 3 DOA 4 Nursing Ho 28b. TIME OF INJURY M 1 At home, farm, streat, factory, off	PLACE OF DEATH (Check only) The 5 Residence 8 0 NJURY AT VORK? YES 2 NO Tice 281. L	PERFORMED? 1 YES 2 NO one) ther (Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions are supported by the support of the support	HOSPITAL: 1 Inpatient 2 ER/Outpatk 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — Building, stc. (Specify)	26. OTHER: 4 Nursing Ho 28b. TIME OF INJURY M 1 At home, farm, streat, factory, off	PLACE OF DEATH (Check only ome 5 Residence 8 0 NJURY AT VORKY YES 2 NO lice 281. L cta and place, and due to the	PERFORMED? 1 YES 2 NO ther (Specify) DESCRIBE HOW INJURY OCCU DOCATION (Street and Number of fly or fown, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED RUNAL Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions are supported by the support of the support	HOSPITAL: I Inpatient 2 ER/Outpate 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, atc. (Specify) YSICIAN: To the best of my knowled (INER: On the bests of examination as	26. fent 3 DOA 4 Nursing Ho 28b. TIME OF INJURY M 1 At home, farm, streat, factory, off	PLACE OF DEATH (Check only one 5 Residence 8 0 0 0 0 0 0 0 0 0	PERFORMED? 1 YES 2 NO ther (Specify) DESCRIBE HOW INJURY OCCU OCATION (Street and Number of lifty or Town, State) Cause(a) and manner as stated at and place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED RURAL Route Number, I. Cause(a) and manner as stated. SIGNED (Month, Day, Year) P 12 7 / 93
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions are supported by the support of the support	HOSPITAL: 1 Inpetient 2 ER/Outpetic 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) YSICIAN: To the best of my knowleds INER: On the basis of examination as	26. fent 3 DOA 4 Nursing Ho 28b. TIME OF INJURY M 1 At home, farm, streat, factory, off	PLACE OF DEATH (Check only one 5 Residence 8 0 0 0 0 0 0 0 0 0	PERFORMED? 1 YES 2 NO ther (Specify) DESCRIBE HOW INJURY OCCU OCATION (Street and Number of lifty or Town, State) Cause(a) and manner as stated at and place, and due to the	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED RUTH Route Number,

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYO	SIENE 9 U	27169
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEA	TH	3. TIME DF DEATH
Charles Nelso	n Owings, Sr.				монтн 09		90 10:10 PM
4. SOCIAL SECURITY NUMBER 213-01-1726		E (In yrs. lest birthday) 80 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Yo	ser)	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution,	give street and number)		96. CITY, TOWN	OR LOCATION OF D			Y OF DEATH
17 Chatsworth			Reis	terstown		Bal	timore
Maryland Ba	ltimore		ry, town or Loc Reisters				16d. INSIDE CITY LIMITS? 1 YES XX NO
100. STREET AND NUMBER 17 Chatsworth	Avenue		1	21136			S.A.
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	s 2. 100	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 XIXO Specific	an, Puerto Rican, et		4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) High- School	EDUCATION grade completed) College (1-4 or 5+)	(Give kind of	work done during n use retired.) Store	nost of working		ery Stor	
17. FATHER'S NAME (First, Middle, Lat Charles H. C	wings		50020	18. MOTHER'S NA	AME (First, Middle, M). Rawlin	faiden Surname)	
19a. INFORMANT'S NAME (Type/Print) C. Nelson Owir				end Number or Rurel OW Road -			Maryland 21136
20a_METHOD OF DISPOSITION 21_ABurlal 2		other place) All Sai	ents Cem			c. LOCATION — C	town, Md.
21 BIGNATURE OF FUNERAL SERVI	Se LICENSEE		22. NAME	AND ADDRESS OF FA	Homo 11	824 Reis	terstown Road wn, Md. 21136
23. PART I. Enter the disesses ahock, or heert fel IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	iure. List only one ceuse on	ASCU	17	ode of dying, au			
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEDUENCE	OF):				
PART II. Other algnificant con-	ditione contributing to death	but not resulting	in the underlyl	ng ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	PLACE DF DEATH (C		(v)	
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investige	28e. OATE DF INJUF (Month, Day, Yee	Y 28b. Ti	ME OF 28c. II	NJURY AT YORK? YES 2 NO		HDW INJURY OCCI	URED
3 Suicide 8 Could n 4 Homicide determin	ot be building, etc. (S	IRY — At home, farm pecify)	, street, factory, of	lea	28t. LOCATION (City or Town,		or Rural Route Number,
anal	PHYSICIAN: To the best of my kn AMINER: Dn the bests of exemine						
29b. SKIMATUNE AND TITLE OF CER				29c. LICENSE NU		29d. DATE	

PLETEO CAUSE DF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

10085 Red Run Mill Rd.

Quinlan,

31. DATE FILED (Month, Day, Year) SEP 2 4 '90

M.D.

James

Owings Mills, Md. 21117

Suite 303

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State Deat, of Health and Mental Hydlene prior to burial, cremation, or removal.	The second secon
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT (NTAL HYGIEN REG. NO.	E 90	2/1/0	
		1. DECEDENT'S NAME (First, Middle, Last)			Pili	1110-		DATE OF DEATH		EAR 3. TIME OF DEATH	
D		BEATRICE 4. SOCIAL SECURITY NUMBER	L. 5. SEX 6. AGE	(In yrs. lest birthday		LUPS		DATE OF BIRTH	3 9	BIRTHPLACE (State or Foreign	
			1 M 2 X F	81 YRS.		AYS HOURS	MIN.	(Month, Day, Year)		Country) Virginia	
non		9a. FACILITY NAME (If not institution, give sired	et and number)	01	9b. CITY, 10	WN OR LOCAT			9c. COUNTY	OF DEATH	
a, 3 shou	OR	Peninsula General	Hospital		Sal:	isbury			Wic	comico	
	ECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR I	OCATION			10d. INSIDE CITY		
permit, rages i, d,	DIRECTOR	Maryland Worce	ester	Po	comok	е				1 TYES 2 XNO	
permi	IAL	10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY?	
ransit	FUNERAL	Cedar Hall Road					1851		US		
Dunal-transit		11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1 YES	IN U.S. ARMED	lf y		an, Maxican, P	ORIGIN? (Specify Year ruarto Rican, atc.)	or No 14.	. RACE — American Indian, Black, Whita, atc. Specify:	
S S	ВУ	3 🔀 Widowed 4 🗌 Divorced	W 120, GIVE 1811 ON E		1 '	TES E CANO	орвену.			white	
ror use a	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT (Give kind of life. Do NOT	f work done duri		ing	16b. KIND OF BUS	SINESS/INDUS	TRY	
90 00	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	House							
once.	OM	17. FATHER'S NAME (First, Middle, Last)		110000		18. MOT	HER'S NAME	(First, Middle, Maiden	Sumame)		
8 %	BE C	Elton T. Lewis					Isab	elle Si	mpsor	1	
be notified	10	19a. INFORMANT'S NAME (Type/Print)						te Number, City or Town			
be m		Pauline P. Power		b. PLACE OF DISP				Salish		Md. 21801	
must		X Buriel 2 Cremation 3 Ramov	al from State	other place)						e, Md. 2185	
caminer		21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE			ME AND AODRI					
wal.		Sw45. M	nelson					AL HOME	ke. N	Md. 21851	
o in by the funeral dif or removal. medical examiner		23. PART I. Enter the diseases, or co shock, or heart failure. Li									
		MANEGUATE CANOE (FI-el				rea.	10 -			Onset and Death	
remati		resulting in death) a.	CONGESTI DUE TO (OR AS	A CONSEQUENCE	OF:	Pare	ukf				
urial, c	z										
or to b	TIO	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE	OF):						
prysic ne pric	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):						
Hygie of oth	CERTIFICATION	resulting in death) LAST									
or by the attending proyectan and completely mit and Mental Hygiene prior to burial, cremation, ny injury, or other traumatic event, the		PART II. Other significant conditions	contributing to death	but not reaultin	g in the unde	riving cause	given in Pa	rt 1. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
and and	ICAL	-	•		•	,		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Health Dws al	MEDI									DF DEATH?	
ept. of	ä				· · · · · · · · · · · · · · · · · · ·						
or item 23 shows	PHYSICIAN:		HOSPITAL:		OTHER:	26. PLACE OF					
the S	HYS	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY	28b. 1	IME OF 20	ic. INJURY AT		Other (Specify) 8d. DESCRIBE HOW I	NJURY OCCUP	REO	
eath with the marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M M	WORK?	□ NO				
DR: Aft ter des		3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, atc. (Sp	RY — At home, farr lecify)	n, street, fectory	, offica	20	Bf. LOCATION (Street City or Town, State)		Rural Route Number,	
THE FUNERAL DIRECTOR: After this certineate has been signed filed within 72 hours after death with the State Dept. of Health PORTANT: If item 28 is marked, or item 23 shows an PORTANT: If item 28 is marked, or item 23 shows an	ET 1	20a CERTIFIER									
RAL D	COMPLETED	(Check only	AN: To the best of my kno : On the basis of exeminati							cause(s) and manner as stated.	
within Man		29b. SIGNATURE AND TITLE OF CERTIFIER					CENSE NUMBE		29d. DATE S	SIGNEO (Month, Day, Year)	
TO THE FUNERAL be filed within 72 IMPORTANT: 18	BE (Paul R. Her	lus			0	248	72	D 9	9/13/90	
-14	5	30. NAME AND ADDRESS OF PERSON WHO	0	EATH (ITEM 27) (7)	pe, Print)	cn,	c B	2	/	/	
		360 RIVERSI		V/		- HLL	1 BUI	72 Ry Ma			
	/	SEP 1 8 90	32. REGISTRAR SHOPE	Adson-Mana	tell			/			

BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 seth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF			ween	3. TIME OF DEATH	
	Helen		Mari	e	T	erno	tt			Send	orino	er 12	YEAR	90 10:30AM	
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign	
	214-09-430		1 🗆 M 2 😾 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di				aryland	
~	9a. FACILITY NAME (If not in Coffman Ho			na		9b. CITY		OR LOCATI		EATH			NTY OF D		
81	RESIDENCE OF DEC		ule agi	ng			ная	gerst	OWN			wa	shin	gton	
R	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?	
ā	Maryland Maryland		ashingto	n		Hage	_							1 YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER						10	. ZIP COD				10g. CIT		VHÁT COUNTRY?	
N N	Eas	t AVen		IT EVER IN U.S. AR	MED	T 49	WAS DEC	ENDENT /	2174	HU NIC ORIGIN? (S	Innalli, Mr.		U.S	• A • E — American Indian,	
5	1 Never Married 2	Married	FORCES?	YES 2 TA	10		If yes, sp	ecify Cubi	in, Maxica	in, Puerto Rice		e or No—	Black	, White, etc.	
В	3 Widowed 4 Divo	an on bares				White									
COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(G	ive kind of	USUAL O			ng	16b. Kil	ND OF BU	SINESS/INI	DUSTRY		
الت	Elementary/Secondary (0	3-12)	+)	Do NOT u											
N N	17. FATHER'S NAME (First, M	licidio (nat)			Нс	usew	ife	18 MOT	HED'S NA	ME (First, Midd	lia Maidan	Curnemel			
	Edgar Le		0.0					10, 110,		rie Bo		Surramey			
BE	19a, INFORMANT'S NAME (13	196	b. MAILING	ADDRES:	3 (Street a	nd Numbe		Route Number,		n, State, Zij	Code)		
2	Earl McCa	ulev			500	Sher	wood	Dri	ve	Hager	stown	n, Md	. 21	740	
	20a. METHOD OF DISPOSIT	TON on 3 - Rem	20b. PLACE other pli	ecel	CALL MI						CATION -		The state of the s		
	4 Donation 6 Other	(Specify)		Res	st Ha	ven					Hage	ersto	wn,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home											1 Home				
	- Oce	W//	7. //	inno	K									Md. 21740	
	23. PART I. Enter the d shock, or h	iseases, or e	complications the	it caused the de	ath. Do	not enter	the mo	de of dy	ing, auc	ch as cardisc	or resp	iratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Fit	nsi	0	1.				_						Onset and Death	
	resulting in death)	\rightarrow	a. DUE TO	MACA CONSE	OUENCE O	CE OFI:							5		
-		_	1-4	11 M	lu	t	-	6	1/	, a	-2-	ca	~	anch	
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	DUENCE O	F):				1					
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	cause, Enter UNDERLY CAUSE (Disease or Inju	ING	a Leve	u,	RI	-210	w	247	~	de	-	~		9	
분	that initiated events resulting in desth) LAS	T	DUE TO	(OR AS A CONSE	DUENCE O	NF):								0	
8		-	d										·- · · · · · · ·	+	
	PART II. Other significa	ant condition	ns contributing to	death but not i	rasulting	In the u	nderlyln	g cause	given in	Part I. 24	e. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL										1	YES :	NO 🔲		OF DEATH?	
-										_				1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T	MEDICAL	ı				20.0	ACE OF I	NEATH (O)	heck only one)			-		
200	EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:			6 C Other (S	la natha)				
H	27. MANNER OF DEATH		28a. DATE O	FINJURY	26b. TIR	WE OF	26c. IN.	JURY AT	RENDETICE	28d. DESCR		INJURY OC	CURED		
ВУ Р	1 Natural 6 2 Accident	Pending Investigation	(Month, I	Day, Year)	IN	JURY		ORK? YES 2 (□ NO						
	3 Suicide 6	Could not be	28a. PLACE 6	OF INJURY — At he atc. (Specify)	me, farm,	street, fac	tory, offic	10			ON (Street Town, State		r or Rural i	Route Number,	
COMPLETED	4 Homicide	determined													
립	anal and		ICIAN: To the best o												
Š	one) 2 MED	HCAL EXAMINE	R: On the basis of	examination and/or	investigati	on, in my	opinion,	death occu	red at the	time, data an	d place, e	nd due to t	he cause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R // /	h	2)	,		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
6	30. NAME AND ADDRESS O	E DEDOUGH WIT	O COMPLETER CAL	ISE OF DEATH OF	J 0	Dylast		V	049	100		9	11	3/90	
	L. L. Pack		145 W	1.1.	nater	0	t. ,	Hai	gerst	own	MI) 21	740		
	31. DATE FILED (Month, Day,	7 90	32. REGISTRA	Davidson	*0	Late	/	1	,						

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		once.
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	FOR 1 - STATE REGISTRAR		STATE OF M	/ARYLA		EPART RTIFIC					MENTA	L HYGIEN	- 0	0	271	72	
	4. SOCIAL SECURITY NUMB	oni (335	5. SEX 1 M 2 F	8. AGE (In	P 1 yrs. lest b	hi pirthday)	F UNDER 1 Y	6) S	R 24 HRS.	7. DATE	OF OEATH	ž /	6. BIRTI Count Ten		PM	
TOR	9a. FACILITY NAME (# not in: Washington (County		1			ager:					i	% cour	ny of c			
DIRECTOR	Penna.	10b, COUNTY	Frankli	n		10c. CITY, Blue		ge	Sumn					10d. INSIDE CITY LIMITS? 1∑YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 13277 Montel 11. MARITAL STATUS	U.S. ARME			S DEC		4 OF HISPAI		N? (Specify Ye	U.	S.A.	WHAT COUNTRY E American II k, White, stc.					
B	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	VAR OR DAT		EDENT'S U	1 [YES	2 💢 NO	en, Maxica Specif	y:	Rican, atc.)	RINESS/IND	Spec	White		
COMPLETED	(Specify only Elementary/Secondary (0 12th grade	y highest grade c 1-12)	completed) College (1-4 or 5	oleted) (Give kind of work of life. Do NOT use reti				ing mos	or or	t of working							
	17. FATHER'S NAME (First, M.		am W. Br	i da o o								Middle, Maiden					
BE	19a. INFORMANT'S NAME (7)		THI W. DI	rages		MAILING A	DDRESS (S	Street a				te Sand		Code)			
2	Kathryn B. V	Wright			9.	48 B1	vnwo	od	Dri	ve.	Chat	tanoog	а. Те	enn.	37415		
20g. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Lakewood Menory Gardens South Rossville, Georgia											a						
	21. SIGNAPORE OF FUNERA	8. S	nucle	2.6			Sny	der	Fur		L Hon	-			PA. 1	7268	
	26. PART I. Enter the dishock, or he immediate CAUSE (Fir disease or condition resulting in deeth)	eart fallure. L	lat ≱nly one ca	ot carried use on ea	dio	ic	t enter th	Y)	to of dy	ying, euc	ch ae ca	rdiec or reap	iratory an	eat,		Imata I Between and Death	
CERTIFICATION	Sequentially list condit if eny, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate iNG iry c		(OR AS A							_						
PHYSICIAN: MEDICAL	PART II. Other signification	ent conditions	contributing to	death bu	ut not res	nulting in	the unde	erlying	j ceuse	given in	Part I.	24a. WAS AP PERFO 1 YES	RMED?	241	b. WERE AUTOPS AMILABLE PRI COMPLETION (OF DEATH? 1 YES 2	OF CAUSE	
CIA	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:				OTHER:	26. PL	ACE OF	DEATH (C/	heck only i	one)					
is	1 DES 2 NO		1 Inpatient 2			7	□ Nursin	_	o 5 □ F	Residence		er (Specify)	IN HIDY OO	CHEC			
	1 Hetural 5	Pending Investigation	(Month, I			INJU	RY		RK?	□ NO	200. 01	ESCRIBE HOW	INSONT OC	CONEO			
TED BY	2 Accident 3 Suicide 6 Homicide	Could not be determined.	26s. PLACE (building	OF INJURY, atc. (Speci	— At hom	ie, farm, st	reet, factor	y, offic	•			CATION (Street y or Town, State		or Rural	Route Number,		
COMPLET	CONSTRUCTION OF THE CONTROL OF THE C		CIAN: To the best of		_										(s) and menner	on stated.	
TO BE C	29b. SIGNATURE AND THELE 30. NAME AND ADDRESS O	No	11		Pen	ard	My	140	29c. LI	O4	MBER 35	9	29d. DAT	9 / /	D (Month, Day, Y	par)	
	Rober 31. DATE ELLED (Month, Day,	+ Br	ull, m	D SIGN	145	59	Pot	-0	ma	A	ve.	Hag	erst	برابع	LMD	21740	
	SEP 18	90		Devidso		ndett.											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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	FOR	COURT OF MADVE AND /		- AF UF			9.0	27173
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATI			REG. NO.	7(3 41110
i	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY		3. TIME OF DEATH
	ANNE L. PHIL	LIPS				9/14/19		9:15 AM
	4. SOCIAL SECURITY NUMBER 5	5. SEX 8. AGE (In yrs. las		7	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B.	IRTHPLACE (State or Foreign ountry)
	076-20-0275	¹□ M 2 😿 F 81	YRS. MONTHS	DAYS	OURS MIN.	2/27/1909		isconsin
	9a. FACILITY NAME (If not institution, give atree	et and number)	9b. CIT	Y, TOWN OR L	LOCATION OF DEA		9c. COUNTY C	OF DEATH
DIRECTOR	Bethesda Nursing &	Retirement Cer	nter Che	evy Ch	ase		Montg	omery
REC	10e. STATE 10b. COUNTY		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?
			Washin	<u> </u>				1 X YES 2 NO
M	10. STREET AND NUMBER			10f. ZI	P CODE		10g. CITIZEN	OF WHAT COUNTRY?
EH	5437 Connecticut A	Avenue, NW #808		20	0015		U.S	5.A.
FUNERAL		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YES				C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No- 14. f	RACE — American Indian, Black, White, etc.
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			XNO Specify:		1 1	Specify:
						,		White
TE	15. DECEDENT'S EDUCAT (Specify only highest grade co	ompleted) (G	CEDENT'S USUAL Clive kind of work done Do NOT use retired.)	during most o	of working	16b. KIND OF BUS	INESS/INDUSTR	RY
E	the state of the s	College (1-4 or 5+)		,			•	Section 201
COMPLETED	12	Admi	inistrati					nment
8	17. FATHER'S NAME (First, Middle, Last)			16		ME (First, Middle, Maiden 3	Sumeme)	
BE		llips			Rose	Cook		
2	19e. INFORMANT'S NAMe (Type/Print)	145				oute Number, City or Town		
								ng, MD 20910
	20e. METHOD OF DISTRIBUTION 1 Buriel 2 Gramation 3 I Remove	will from fitting other pla					CATION — City of	
	4 Donetlon 5 Other (Specify)		apolis Je				field,	Minnesota
	21. SIGNATURE OF UNE HAL SERVICE LICEN	ASEE M.			ADDRESS OF FAC		rial C	hapels, Inc.
	- I Jarea M	1 luce						e, MD 20852
	23. PART i. Enter the diseasea, or cor	mplications that caused the de	eath. Do not anta					Approximate
	/shock, or heart fallure. Lis	st only one cause on each line).		-			interval Between Onset and Death
	IMMEDIATE CAUSE (Finsi disease or condition	11 -1. 6.	7					
	resulting in dasth) a.	DOE TO (OR AS A CONSE	OUENCE OF):					weeks
-		Hepato cellular	c Carcin	7.52-2				mthe
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	Cira				11100140
¥	csuse. Enter UNDERLYING							
三	CAUSE (Disease or injury that initiated aventa	OUE TO (OR AS A CONSE	OUENCE OF):					
F	resulting in death) LAST							
8						T		
A	PART ii. Other significant conditions	contributing to death but not i	reauiting in the u	indarlying c	ause given in i	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 YES 2	X NO	COMPLETION OF CAUSE OF DEATH?
<u> </u>								1 YES 2 NO
ä								
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Che	ick only one)		
S		HOSPITAL: 1 Inpatient 2 ER/Outputient 3	OTHE 3 □ DOA 4 K Nu		5 Reeldence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK	TA Y	28d. DEŞCRIBE HOW II	JURY OCCURE	D
	1 Netural 5 Pending	(MOTRIT, Day, Tear)	M		3 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he	ome, farm, street, fa	etory, office		28f. LOCATION (Street a	nd Number or R	lural Route Number,
Ĕ	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
"	290. CERTIFIER TE GERTIEVING PHYSICA	AN: To the best of my knowledge, de	eath occurred at the	time dete en	d place, and due	to the cover(e) and man	ner ee eteted	
COMPLETED	(Orack only	On the best of my knowledge, or						use(e) and manner as stated.
8	1 19	111						
8	296. SIGNATURE AND TITLE OF CENTIFIER	11		2	MODE NUM			GNED (Month, Day, Year)
0	Manuel V.	COMPLETED CAUSE OF DEATH SITE			43726	<i>).</i> (,	9/1	4/1990

Daniel V. Young, M.D. 4910 Massachusetts Ave., N.W., Suite 312, Washington, 12. REGISTRAN'S SIGNATURE
JUNE DAY drop Randoll 31. DATE FILED (MONTH PO

30. NAME AND ADDRESS OF PERSON WHO COMPYETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	M
- 4	46		

REGISTRAR	_		CI	ERTIFI	CATE O	F DEAT	ГН		REG. NO.	-	, 0	61117			
1. OECEOENT'S NAME (First, Middle, Laste-							2. DATE	OF DEATH			. TIME OF DEATH			
LIBBY	R. PF	RLMAN						MONTH	9 13		Interval Between Onset and Death Country of OEATH				
4. SOCIAL SECURITY N	0	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER 1 YEA				OF BIRTH						
579-50	- 4424	1 🗌 M 2 💢 F	83	YRS.	MONTHS DAY	HOURS	MIN.		10, 19	907		BIRTHPLACE (State or Foreign Country) Vermont OF OEATH GOMERY 10d. INSIDE CITY LIMITS? 1 X YES 2 NO N OF WHAT COUNTRY? USA RACE — American Indian, Black, White, etc. Specify: White TRY Triment Code) 1e, MD 20852 y or Town, State Caryland Chapels, Inc. e, MD 20852 R, Approximate Interval Between Onset and Deatt 45 Min 246. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO			
9a. FACILITY NAME (II /	ot institution, give a	reet and number)			9b. CITY, TOW	N OR LOCATI	ON OF OR	EATH		9c. COU	NTY OF OE	NTH			
Shady Gr	we Adu	entist Ho	Spital		Rock	ville				Mor	itgome	VEAR O 659 AM Description of Country) Vermont Yof OBEATH Egomery 10d. Inshipe City Limits? 1 X YES 2 NO EN OF WHAT COUNTRY? USA A. RACE — American Indian, Black, White, stc. Specify: White STRY Ernment Code) Lle, MD 20852 at, Approximate Interval Between Onset and Death 4.5 Min 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OBEATH? 1 YES 2 NO URED			
RESIDENCE OF	ECEDENT		1	1	00 D.S										
10a, STATE	106. COUNTY			10c. CITY	, TOWN OR LO	CATION						LIMITS?			
		gomery		Ro	ckvill										
10e. STREET AND NUM						10f. ZIP COD				10g, CIT		AT COUNTRY?			
259 Congr	essiona]					208				L					
11. MARITAL STATUS 1 Never Married 2	X Married	12. WAS DECEDEN FORCES? 1	YES 2 K		If yes,	specify Cube	in, Mexica	in, Puerto F	? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	– American Indien, White, etc.			
3 Widowed 4	_	IF YES, GIVE V	WAR OR DATES		1 0 1	ES 2 X NO	Specify	y:			Specify				
	OECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUP	TION		186	KIND OF BUS	UNESS/INC	DUSTRY	wille			
(Specif)	only highest grade	completed)	(G	ive kind of w Do NOT us	rork done durina	most of world	ng	""	TONE OF BOT						
Elementary/Seconda 12	ry (0-12)	College (1-4 or 5		lerk-	Typist			T	edera	1 Gov	7ernm	ent			
15. (Specif) Elementary/Seconda 12 17. FATHER'S NAME (Fin	t Middle (net)		1 0	ICIK	тургас	16 MOT	HER'S NA		Middle, Maiden		/CIIIII	- II C			
	erelman					10000	ittl		Levin						
AATON P			10	h MAII ING	ADDRESS (Sam						Code)				
Ralph Per	. ,,,	(Leadar							1111111111		-	MD 20052			
					OURTES			пе, п							
20a METHOD OF UMA 149 Burlal 2 1 Com	ution 3 - Rem	ovel from State	other p	iace)											
4 Donation V 0		ENGER (Jude	an me	morial	AND ADDRE		ICII ITY		ney,	mary.	Land			
		7	1						Memo:	rial	Chap	els, Inc.			
	ery,	m. /~	use												
23. PART I/Enter the	e diseases, or or heart fallure.	complications the	t coused the deuse on each line	eeth. Do r	ot enter the	mode of dy	ing, suc	ch aa card	flac or reap	ratory ar	reat,				
IMMEDIATE CAUSE				. 6	94							Onset and Death			
disease or condition resulting in death)	n	· Myoc	OR AS A CONSE	inte	erction	2						45 min			
		DUE TO	(OR AS A CONSE	OUENCE OF	D:1										
		a corer	eary he	art.	diseas	e									
Sequentially list co if any, leading to in		DUE TO	(OR AS A CONSE	OUENCE OF) :							+			
Sequentielly list co if eny, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)		с													
that initiated events		DUE TO	(OR AS A CONSE	OUENCE OF	7):										
resulting in death)	LASI L	d										-			
	ficant condition	s contributing to	death but not	resulting	n the underf	/ing ceuse	alven in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
PART II. Other sign	Downie	carrie	NULCOA	thu					PERFOR						
1.1.4715.811.1	- 00 - 06	with	January Print	Chi	DAAAAA	· Gran		— 1	1 🗌 YES 2	NO					
4 9680	ATCECK	wan.	De Willen	V/01	pacen	ance (— 1				1 YES 2 NO			
25. WAS CASE REFERREXAMMER? 1 Yes 2 NC 27. MANNER OF OEATH	ED TO MEDICAL	ī			20	BI ACE OF I	DEATH #04	1	1						
EXAMINER?		HOSPITAL:			OTHER:	PLACE OF I									
1 TYES 2 NO		28a, DATE O	ER/Outpatient	3 ⊔ DOA 28b, TIM	4 Nursing i	INJURY AT	lesidence		r (Specify)	N HIDY OC	CIBEO				
I I I I MANUTAN S	Pending		Day, Year)		URY	WORK?	_ MO	Zou. DE	SCHIBE HOW	noon oc	CONED				
2 Accident	Investigation	28a DI ACE (DE IN HIRV At h	ome form				285 1.00	ATION (Street	and Numbe	e or Rural Br	usta Mumbar			
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check on										ratio i vorinous,					
as according V															
29e. CERTIFIER (Check only one)		ICIAN: To the best o													
O(Ne) 2 🗆	MEDICAL EXAMINI	R: On the basis of	examination and/or	Investigation	n, in my opinio	n, death occu	ared at the	e time, date	and place, a	nd due to t	the cause(s)	end manner as stated.			
29b. SIGNATURE AND 1	TILE OF CERTIFIE	P() . a				29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNEO	Month, Day, Year)			
	, A.)	Surders	2M.MG)		DI	914	14		•	1-15	-90			
Mama			- 1 6 1 11				7 ' '	_		<u> </u>	*				
Jumas 30. NAME AND ADDRES	S OF PERSON WI	O COMPLETED CAL	SE OF DEATH (IT												
30. NAME AND ADDRES	G . S	O COMPLETED CAL	SE OF DEATH (IT)			CKLE	DGE	DR	IOE	BETT	HESDA	Md 208			
Thomas	G. S	N DERS	SE OF DEATH (IT) ON MO. AR'S SIGNATURE	6	410 R	CKLE.	DGE	DR	10E ,	BETT	HESDA	Md. 208			

			FOR - STATE REGISTRAR	STATE OF MARYLA	ND / DEPA CERTIF	RTMENT FICATE	OF H	EALTH AND N	MENTAL	HYGIENE REG. NO.	90	2	7175	
	8		1. OECEOENT'S NAME (First, Middle, Last)			Di	UMM	ED	2. DATE O	DAY		FAR	TIME OF OEATH	
_		ł	HELEN 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	n yrs. last birthday			IF UNDER 24 HRS.	Sept	ember		990	6:35A M	
1	1		217 10 7167	1□ M XX F 87	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, 1 05-2	25-190	3	MD		
- (1	œ	9s. FACILITY NAME (If not institution, give str					OR LOCATION OF DE	ATH		9c. COUNTY		н	
	9	8	Memorial Hospital	& Medical (1and			Alles	any	·	
	nt. Pages	DIRECTOR	MD Allegar	ny		nberla	and						1. INSIDE CITY LIMITS? YE\$ 2 NO	
	ansit per	FUNERAL	100. STREET AND NUMBER 115 New Hampshir	e Avenue			100	. ZIP COOE 1502			USA	OF WHAT	COUNTRY?	
BALTIMORE, MARYLAND 21203-3146	the burial-tr	₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olivorced	12. WAS OECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 X X 0		13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Mexicon, Puerio Rk 1 YES XX NO Specify:				or No- 14	RACE — Black, Wi Specify: Whi		
21203-3146	ed for use	COMPLETED	16. DECEDENT'S EQUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEOENT' (Give kind o life. Do NOT	f work done use retired.)	during mo	at of working		texti		TRY		
QN.	detached once.	OM	17. FATHER'S NAME (First, Middle, Last)		-1	- 2	-1-	18. MOTHER'S NA				-		
YLA	d be	BE C	(nfn)					Mary I	owery	DeVo	re			
MARYLAND	e 5 should notified	5	Mr. Orville E. P	199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lummer Cumberland, MD 21502										
ORE,	director, page er must be		20s. METHOO OF OISPOSITION 14 Burisi 2 Cremation 3 Rema 4 Donation 5 Other (Specify)	val from State H	PLACE OF DISPOSITE	osition (No t Bur	ime of cer cial	Park			ation — ch perlar			
BALTIMORE,	the funeral dinyal.		21. SIGNATURE OF FUNERAL SERVICE LICE	7 X COM	sell	. 5	can	pelli Fur erland, N	neral	Home 502				
•	npletely filled in b cremation, or rer vent, the medi		23. PART I. Enter the diseases, or complications that ceuses the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fallura. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):											
BOX 13146,	ysician and prior to bur traumation	CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that latticed excess or injury) b. Bowef Louis OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
P.O. BO	ding lygie	ERTIF	that initiated events resulting in death) LAST	I	CONSEQUENCE	OF):								
RECORDS,	ed by the h and Me	MEDICAL	PART II. Other significant conditions Particular	spontributing to death b	ut not resulting	g in tha Ur	nderlyin	g cause given in		24a. WAS AN A PERFORI 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OBATH? YES 2 NO	
	has b Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH (Ch	eck only one,)				
VITAL	certificate to the State	SIC	EXAMINER? 1 YES 2 10	HOSPITAL:	etlant 3 🗆 DOA	OTHE		ne 5 🗆 Residenca	8 🗆 Other	(Specify)				
OF.	this with	BY PH	27. MANNER OF OEATH 1 Returnt 5 Pending Investigation	28s. OATE OF INJURY (Month, Day, Year)		IME OF NJURY M	WC	JURY AT ORK? YES 2 NO	28d. DE\$0	CRIBE HOW IN	JURY OCCU	REO		
DIVISION	STOR: A after de 28 Is	TED	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm	n, street, fac	tory, offic	28		TION (Street as Town, State)	nd Number or	Rural Route	e Number,	
VIO	Z hour	COMPLE	former only	CIAN: To the best of my know									nd menner as stated.	
			296. SIGNATURE AND TITLE OF CERTIFIER		- N 45W			29c. LICENSE NUI		I			onth, Day, Year)	
	M fled) BE	HE M-	ul				D28910			1 9	122	190	
1	,	2	30. NAME AND ADDRESS OF PERSON WHO						~ .			0.5.5	00	
	6		Dr. H.C. Merrick,	1		Medic	al B	uilding,	Cumb	erlan	d, MD	215	02	
	4		31. ENTETISEDIJHONIN, POLOTI	AZ. REGISTRAR TIGH	ATUBE									

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ITEMS:23,27 per ME G-668 10-15-90 cm

10-12-90 CM							
1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO	- L	27176
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Paul	Owen			Preston		AY YE 5 90	8:48 P
4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	6. 1	BIRTNPLACE (State or Foreign
217-96-9328	1- M 2 □ F 2	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-26-1		Country)
9a. FACILITY NAME (If not institution, give s	-	4	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	MG a
Memorial Hospi			Cumbe				legany
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	100 CITO	, TOWN OR LOCA	TION			10d. INSIDE CITY
202		100.011	, 101111 011 200				LIMITS?
Md A7	legany		Mt. Sa	VACA		T 40. 01717511	OF WHAT COUNTRY?
				11.772 - 7.510		111	
Main St., P.				21545			S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO			NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	s or No— 14.	RACE — American Indien, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 🗆 YE	S Z NO Specif	y:		Specify: White
15, DECEDENT'S EDU	CATION	16a, DECEDENT'S	IIIIIAI OCCUPAT	ION	16b. KIND OF BU	ICINECC/INDI ICT	
(Specify only highest grade	completed)		vork done during m		IOD. KIND OF BU	SINESS/INDOS	n i
Elementary/Secondary (0-12)	College (1-4 or 5+)		entice		P7 22m	hing s	k Heating
17. FATHER'S NAME (First, Middle, Last)	2	What	GIICTCA	Las MOTUEDIO NA			x meacring
Oscar L. Pr	agton				ME (First, Middle, Melder		
	620011				y R. Mil		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	_		Route Number, City or Tox		(to)
Oscar L. Pre		P.0	Box	516. Mt			215/15
20s. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from Steta	 PLACE OF DISPOS other place) 	SITION (Name of co	emetery, crematory or	20c. L0	OCATION — City	or Town, State
4 Donation 5 Other (Specify)		St. Geo	rge Ce		Mt	. Sava	age. Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/	22, NAME /	IND ADDRESS OF FA	CILITY		
I Section 8:	Hom		Dur	st Fune	ral Home	· Fros	tburgm Md.
disease or condition resulting in death) •.CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF):							
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	F):				
todating in death, and	d						
PART II. Other aignificent condition	na contributing to death b	but not resulting	in the underlyl	ng ceuse given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER:	PLACE OF OEATN (C	heck only one)		
1 N YES 2 NO	1 - Inpetient 2 TXER/Out		4 - Nursing No		8 Other (Specify)		
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IE OF 26c. III	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	22,103 %1 003		M 1	YES 2 NO			
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, term, eclly)	street, factory, off	Ice	281, LOCATION (Street City or Town, State		Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and							
296. IIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IGNED (Month, Day, Year)
AND THE OF CERTIFIE	##°						22-275 - 25 7/2
	HO COMPLETES SAME SEE	EATN STEEL OF ST	Direction of the second	OCM		9/	16/90
NAME AND ADORESS OF PERSON WI							
				III Penn	St. Bal	to., MI)
Ann M. Dixon, M. 31. DATE FILEO (Month, Day, Year) SEP 1 9 1990 gruha	D Deputy 32. REGISTRAR'S SIGN Auridoon-Aandel	MATURE		III Penn	St. Bal	to., MI)

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31. DATE FILED (MONT). Day, Year)
SEP 0 5 '90

32. REGISTRAR'S SIGNATURE

what's signature uha Davidson-Randell

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BALTIMORE, MARYLAND 21203-3146	NOING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death, Page 6 may be retained by the hospital or attending physician. R. Atter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 most	caminer must be notified at once.
3146,	cuted within 24 completely filled	ic event, the m
.O. BOX 13	n certificate be executed inding physician and	Hygiene prior to bu
ION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death	sr death with the State Dept. of Hearth and Merital Hyglene prior to burtal, cremation, or removal, Is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
VITAL !	sician; The law certificate has b	the State Dept or item 23
ION OF	NDING PHYS R: After this	is marked

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Auq. 9:00 Mary Belle Peacock 31 1990 aM 7. DATE OF BIRTH (Month, Day, Year) 04/03/15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2/XF 245-74-8706 75 YRS. Baltimore MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR at her home Stevensville Oueen Anne's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Oueen Anne's Stevensville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3C Kent Cove Apts. 21666 U.S.A. Thompson Creek Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES AND NO Specify: ΒY XX Widowed 4 ☐ Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Nurse and housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Forrest Mary Kerns BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 9 Roy M. Peacock, 12901 Laurel-Bowie RD, 20708 Laurel MD 20a. METHOD OF DISPOSITION

1 XBurlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Loudon Park Cemetery Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tom Helfenbein Funeral Homes, PA xxda 106 Shamrock RD, Chester, 21619 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, abock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2500 4 | Nursing Home 5 | XPesidence 6 | Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year) BE ΔM D32036 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gary J. Sprouse O. Box 210 Oueenstown, MD 21658

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BALTIMORE, MARYLAND 21203-3146

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attend	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FRANK PERETTI, MD

31. DATE FILED (Month, Day Year)

FOR 1 - STATE REGISTRAR		STATE OF N	MARYL					EALTH AI		IENTAI	L HYGIENE REG. NO.	i	90	2	71	78
1. DECEDENT'S NAME (First	, Middle, Last)						-			2. DATE MONTE	OF DEATH	,	YEAR	3. TIME	OF DEAT	Н
ľ	Mark	Anthon	У		I	POW	ell			9-	6 - 90		TEAR	12:	25AN	1 м
4. SOCIAL SECURITY NUMBER 218980041	BER	5. SEX 1 M 2 F	6. AGE (in yrs. lest	birthday)	IF UND	DER 1 YEAR B DAYS	IF UNDER 24 H	HRS.	7. DATE	77197	6. BIRTHPLACE (State or Foreign D. Country)			reign	
9a. FACILITY NAME (If not in	astitution, give a	treet and number)				9b. CI	TY, TOWN C	R LOCATION	OF DEA	TH		9c. COU	NTY OF E	HTAS		
Outside of		Careyhur	st D	rive			0	xon Hi	ill			Pri	nce	Geor	ges	Co.
10a. STATE	10b. COUNT	Y			10c. CITY	, TOW	N DR LOCAT	IDN							SIDE CITY	
Maryland	Prin	ce Geor	ge !	S	For	t	Wash	ingto	n						HTS?	NO
100. STREET AND NUMBER								. ZIP CODE						WHAT CO	UNTRY?	
6210 Car	yhurs	t Drive					2	0744				USA	A			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES A NO IF YES, GIVE WAR OR DATES				1	If yes, specify Cuban, Mexican, Puerto Rican, etc.)				Blac	ACE — American Indian, lack, Whita, atc.						
	EDENT'S EDU ly highest grade			(G/	ve kind of w	rork dor	UAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (22)	College (1-4 or 5	+)		ttendant Wendy's F			s Fa	ast Food							
17. FATHER'S NAME (Flot, N Russell		Powell									Middle, Maiden S CIntyl		owe	11		
Russell		Powell		62	NAILING 210	Ca:	ryhu	nd Number or rst D	Rural Ro	, Ft	ber, City or Town . Wash:	ing	code)	MD	207	44
20st METHOD OF DISPOSIT 4 Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	loval from Stata	1000	other ole	(an			metery, cremeto onal	,	met	ery,			own, State		
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				2	22. NAME A	ND ADDRESS	OF FAC	HLITY -	House	of	Die	rg s		
Charles C. Shigh, 4906 Iverson Pl., Hillcrest								ts,	MD							
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.								In	pproxim terval B	etween						
IMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	nel	. Gunsh					st								naet and	1 Deattl
F1 721V2	DUE TO (OR AS A CONSEQUENCE OF):															

	DUE TO (OR AS A CONSEO	UENCE OF):						
Sequentially list conditions, and any, leading to immediate sause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO							
CAUSE (Disease or Injury hat initisted events eaulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):						
ART II. Other significant condition	ns contributing to deeth but not re	eculting in the ur	nderlying cause given in	Part I.	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only o	ine)			
EXAMINER? XM YES 2 NO	d. Inditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO CAL HOSPITAL: 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Mather (Specify) SCENE 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 9-5-90 9:30PM 1 YES 2 NO Subject Shot 28b. PLACE OF INJURY AT NOR Subject Shot 28c. PLACE OF DEATH (Check only one) The part I. 24a. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETE: COMPLETION OF CAUSE OF DEATH (Check only one) The part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETE: NO SEND YES 2 NO SEND YES 2 NO SEND YES 3 NO SUBJECT Shot 26c. PLACE OF INJURY AT Number, College and Number or Rural Route Number, College Town Town, State)							
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			RED		
3 Suicide 8 Could not be detarmined		building, atc. (Specify)			City or Town, State)			
94. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of my knowledge de	ath accurred at the	time data and place and du	Prin	ce. Georges. C	County, MD		

PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

38. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

29c. LICENSE NUMBER

OCME

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

9-6-90

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41 y St. St. St. St. St.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24ours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. Cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SEP 10 90

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND I E OF DEATH	MENTAL HYGIENI REG. NO.	90	27179	
	1. DECEDENT'S NAME (First, Middle, Last) HARLOT	TE GOVE	H PU	RKS	2. DATE OF DEATH DA			
		5. SEX 6. AGE (in y	74 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Cou	ATHPLACE (State or Foreign untry) Cyland	
TOR	90. FACILITY NAME (If not institution, give street 3906 QUEENS RESIDENCE OF DECEDENT	BURY ROA	4 4	Y, TOWN OR LOCATION OF DE		PRINCE	E GEORGE'S	
DIRECTOR	10e. STATE 10b. COUNTY	CE GEORGE	10c. CITY, TOWN	OR LOCATION 4775 VILL	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3906 Q VEEN	ISBURY R	d	101. ZIP CODE 2078	92	U.S.A.	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	WAS DECENDENT OF NISPAN If yes, specify Cuban, Maxica 1 YES 2 100 Specify	n, Puerto Rican, atc.)	BI	ACE — American Indian, lack, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade No.	ATION ompleted) 16 Coffege (1-4 or 5+)	Ga. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Housewife	during most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Lest)			18. MOTNER'S NA	ME (First, Middle, Maiden			
TO BE	19a. INFORMANT'S NAME (Type/Print) Earl G. Purks (So	on)	and the same of th	en Street, Bi				
	20a, METNOD OF DISTORTION X Burlel 2 Crymanon 3 Remon 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE VC	() Chir	st Church	name and address of far rancis Gasch	Char Ciuty 's Sons Fur	neral Ho	Maryland ome, P.A.	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on each	he deeth. Do not ent h line.	or the mode of dying, suc	h as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIDINGS ANALIZED FROMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	lent 3 DOA 4 DA					
BY PHY	27. MANNER OF DEATN Natural 5 Pending Accident Investigation	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TiME OF NJURY AT WORK? M 1 YES 2 NO 28d. DEŞCRIBE NOW INJURY OCCURED M 1 YES 2 NO						
ED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, street, f	actory, offica	281. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,	
OMPLET	one) —	CIAN: To the best of my knowled R: On the basis of examination a					ee(a) and menner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEAT	amner	29c. LICENSE NU	MBER 352	29d. DATE SIGN	NED (Month, Day, Year)	

RE MD 4203 QUE USBURY Rd HYGTEUILLE MD

32 REGISTRAT'S SIGNATURE INCOME.

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BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) SEP 24 '90

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT O	F HEALTH OF DEAT	AND N	MENTAL HYGIEN REG. NO		0 27180	
	1. DECEDENT'S NAME (First, Middle, Last) ELSIE	IRENE	PITTI	NGER			2. DATE OF DEATH	19198	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220–48–0920	5. SEX 6. AGE (In	97s. lest birthdey) 82 _{vrs.}	IF UNDER 1 YE MONTHS DA	AR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	08	BIRTHPLACE (State or Foreign MARYLAND	
OR	9a. FACILITY NAME (If not institution, give 12230 SIMPSON \$5				WN OR LOCATI EYMAR	ON OF DE	ATH	9c. COUNTY FRE	OF DEATH EDERICK	
DIRECTOR	10a. STATE 10b. COUNT	PREDERICK	10c. C/	TEYMYAR L	OCATION				10d. INSIDE CATY LIMITS 1 PES 2 NO	
FUNERAL	100. SIREEZ 300 NUMBER PSON 'S	S MILL RD.			101, ZIP COD	E 21	757	10g. CITIZEN	OF WHAT SOUNTRY?	
В	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or I if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify				No— 14. RACE — American Indian, Black, White, etc. SpecificHITE	
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Ites. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE					16b. KIND OF BUSINESS/INDUSTRY OWN HOME			
BE CON	17. FATHER'S NAME (First, Middle, Lest) JACOB HOFFMAN							Surneme) 11TH		
TO B	19a. INFORMANT'S NAME (Type/Print) EVELYN LLOYD 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 12104 SIMPSON *S MILLKEYMAR MD 21757									
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	BUKIAL 20b.	PLACE OF DISPO	S CEME	of cornetory, crer ETERY	matory or		LADIES	or Town, State SBURG, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Xay	Den	22. NAI	ME AND ADDRE		N BRIDGE,		ZLER & SONS	
	23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on ea	L NOMA	10			n ea cardiac or reep	ratory arrest	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): Due to (or as a consequence of):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ORDNARY Tocart Liscare: Congestive 1 yes 2 No 1 yes 2 No									
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	Itlent 3 DOA	OTHER:	Home 5 R		6 Cher (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Metural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO							ED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Special Control of the Contro	— At home, farm,	atreet, factory,	offica		28f. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLETED	000)	SICIAN: To the best of my knowle EB: On the basis of axemination							puse(a) and menner as stated.	
BEC	296. SIGNATURE AND TITUE OF CERTIFIE	ER	Λ Λ		29c. LIC	ENSE NUN	IBER	29d. DATE S	GNED (Morth, Day, Year)	

32. BEGISTRAS'S DIGNATURE

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J.B.	OURS
	NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach

17	1. DECEDÊNT'S NAME (First, Middle, Last)			ATE OF DEATH		REG. NO.		TIME OF DEATH
	Ruth Martin	Payne			MONTH		YEAR 6	2:00 F
	4. SOCIAL SECURITY NUMBER 579-28-8923	5. SEX 6. AGE (in yrs. 1 M 2 X F 88		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	(Month	Day, Year)	Vashe	ngton D.
СТОВ	Manor Carl RESIDENCE OF DECEDENT	vursing Hama		argu	DEATH	Prin	CE G	reorge
DIREC	Manyland Prin	Λ.		OWN OR LOCATION Cheverly			- 1	1. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	6003 Euclid Stre	et		101. ZIP CÓDE 20785	5		S.A.	COUNTRY?
BY FUN	91. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Maxic 1 YES 2 NO Specify No.	en, Puerto F		8 Black, WI Specify: \	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondery (0-12)		life. Do NOT use rel	done during most of working fred.)	16b.	KIND OF BUSINESS/INDU	STRY	
COMPL	10th 17. FATHER:S NAME (First, Middle, Last)		Homemak		A 8 8 6 1-1 A	Own Home		
ECC	William Martin					Hughes		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura			9bde)	
임	Lucille Reamy			lleview Avenue				
	20a. METHOD OF DESCRIPTION 1 X Burlal 2 Commention Comment 4 Comment Comment	ovel from State pth	er place)	N (Name of cometery, crematory or 1n Cemetery		20c. LOCATION — C		
	21. BIONATURE OF PUNERAL SERVICE LI			22. NAME AND ADDRESS OF F		Brentwoo ons Funeral		
	On DARK I detail the discussion of	Dotos		4739 Baltimo	re Ave	e., Hyattsv	ille,	MD 207
	23. PART I. Inter the diseases, or nock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cars bro C	line,	4739 Baltimo	re Ave	e., Hyattsv	ille,	MD 207 Approximata Interval Betw
FICATION	Sequentially list conditions, if any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		NSEQUENCE OF):	4739 Baltimo	re Ave	e., Hyattsv	ille,	MD 2078 Approximate Interval Betw
ERTIFICATION	inck, or heart fellure. IMMEDIATE EAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. CEVE DO COUR TO (OR AS A COLD DUE TO (OR AS A COLD CO.	NSEQUENCE OF):	4739 Baltimo	re Ave	e., Hyattsv	ille,	MD 2078
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CEVE DO COME TO (OR AS A COME TO (OR	Iline, NSEQUENCE OF): NSEQUENCE OF):	4739 Baltimo: enter the mode of dying, au Accudo Seel	re Ave	e., Hyattsv	ille,	MD 207 Approximata Interval Betw Onset and D
MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other aignificent conditions	a. CEVE DO COME TO (OR AS A COME TO (OR	Iline, NSEQUENCE OF): NSEQUENCE OF):	4739 Baltimo: enter the mode of dying, au Acc Jo Seculo he underlying cause given in	n Part I.	24a. WAS AN AUTOPSY PERFORMED?	ille,	MD 207 Approximate Interval Betwoen and Donest and Done
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAVE OF OUE TO (OR AS A COID DUE TO (OR AS A COI	Ine. NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	4739 Baltimo: enter the mode of dying, au Acc Jo Secolo he underlying cause given in the place of DEATH (n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	ille,	MD 207 Approximate Interval Betwoen and Donest and Done
PHYSICIAN: MEDICAL C	Sequentially liat conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATH 1 Netural S Pending	a. CEVE DO COME TO (OR AS A COME TO (OR	Ine. NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	4739 Baltimo: enter the mode of dying, au Acc Jo Flace OF DEATH (1) PLACE OF DEATH (1) Residence F 28c. INJURY AT	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	ille, we we will be a set of the	MD 207 Approximata Interval Betw Onset and D The control of the c
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A COI DUE TO (O	Ine. NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Ont reaufting in t 28b. TIME O INJURY	he underlying cause given in the place of Death (in the place of Dea	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	111e . 24b. WE AM COOF	MD 207 Approximata Interval Betw Onset and D. Conset and D
D BY PHYSICIAN: MEDICAL C	Sequentially liat conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificent condition 25. WAS CASE REFERRED ID MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED TO DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be distermined 29a. CERTIFIER (Check pnly)	DUE TO (OR AS A COME DUE TO (OR AS A COME	Ine, NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Ont 3 DOA 4 28b. TIME O INJURY At home, farm, street, death occurred a	the underlying cause given in the un	n Part I. Check only or 28d. Det	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number of Town, State)	111e . 24b. WE AM CO OF 11 [MD 207 Approximate Interval Bets Onset and C Provided Pr

THE PLANTS MY THE PRINT OF PRI

32 REGISTRAR'S SIGNATURE Julia Devident Handalle

SEP 1 4 90

DHMH-16 Rev 1/89

	TO BE COMPLETED BY FUNERAL DIRECTOR
	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27182 00

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		0 6	. 1 1 0 4
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
JOHN WAL	TER	POORE			09/08/	90		0.30PM M
	1100500		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		L BIRTHPLA Country)	ICE (State or Foreign
578-07-5626	M 2 □ F 8	O YRS.	DAYS DAYS	HOURA MIN.	03/27/10) 1		ngton, DC
9e. FACILITY NAME (If not institution, give street	and number)	0	b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH	
PRINCE GEORGES HOSP	ITAL CENTE	R C	HEVERL	Υ		PRINCE	E GEOF	RGE
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION		_	100	I. INSIDE CITY
Maryland Prince	George's	B1	centwoo	d			10	XYES 2 NO
100. STREET AND NUMBER 3701 Webster Stree	t		10	1. ZIP CODE 20722			S.A.	T COUNTRY?
	WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ABMED			NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No— 1	14. RACE — . Black, WI	American Indien,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			2 NO Specif			Specify:	White
15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON poletech	16e. DECEDENT'S US (Give kind of wor	UAL OCCUPATI	ON out of working	16b. KIND OF BU	ISINESS/INDU	STRY	
Elementary/Secondery (0-12)	ollege (1-4 or 5 +)	Ille. Do NOT use i	etired.)					
Unavailable Un	available	Baker				le Bak	ery	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider			
Edward Francis Poo	re				Virginia			
190. INFORMANT'S NAME (Type/Print) Jean J. Grove					Route Number, City or To ttsville,			20784
	Tar	PLACE OF DISPOSIT				CATION - C		
20s METHOD OF DISPOSITION 1 X Burtal 2 Gramation 3 Removal 4 Donation (C) Other (School)	from State	other place) Ft. Linco						ryland
21. SIGNATURE OF FUNERAL SERVICE LICENS		e. Billeo.	22. NAME A	ND ADDRESS OF FA	CILITY			
· Mark A	1300	h -			's Sons Fu e Ave., Hy			,
23. PART L Enter the diseases, or com	plications that cause	ed the death. Do no						Approximate
MACE, or heart failure. List	only one cause on	each lina.						Interval Between Onset and Death
disease or condition	CARCIN	DHA d	OF L	UN 16				IVEAR
resulting in death) a	DUE TO (OR AS	A CONSEQUENCE OF):		700				1-2
Sequentially list conditions, If sny, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disesse or Injury								
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	7					1 11
d	HEMORI	EHAGE,	LOTL	10 NAR	7			1 HOUR
PART II. Other algorificant conditions conditions	ontributing to desth	but not resulting in	tha undariyi	ng cause given in				ERE AUTOPSY FINDINGS
EMPHYSE	=MA. T	ULMON	ARU		PERFO	RMED?	co	AILABLE PRIOR TO IMPLETION OF CAUSE
			7			z (jg no		DEATH?
					_		1 '	2
25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH (C)	neck only one)			
	OSPITAL:		OTHER:	me 6 🗆 Realdence	6 Other (Specify)			
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCI	URED	
1 Natural 6 Pending investigation	(Month, Day, 1981)	ingo!		YES 2 NO				
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — At home, farm, str	eet, factory, off	ce	2af, LOCATION (Stree City or Town, Stat	end Number (or Rural Rout	e Number,
4 Homicide datarmined	outland, etc. (c).	racity)			Only or rown, star	,		
29a. CERTIFIER (Check only	N: To the best of my kno	wiedge, death occurred	at the time, da	e and place, and du	to the cause(a) end m	enner aa state	ed.	
one) 2 MEDICAL EXAMINER: C								nd menner as stated.
295. SIGNATURE AND TITLE OF CERTIFIER	5		4	29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	ionth, Day, Year)
Hambel 97	mega	r W	D	1 12	086	19	-9	-1990
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF I			. 4	11 7		H	2 41
	GAR MA	~ 4637 F	ACTE:	TN AND	- NTICA	NICH	2 117	20112
31. DATE FILED (Month, Day, Year)	GAR, MD		100	en Aue	- NT ICA	て「原	2,117	20712

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
Alice R	egina		Parke	. 20	MONTH	DAY	r 1	YEAR	00 6 = 1 = M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	embe	r		PLACE (State or Foreign
		MC MC	ONTHS DAYS	HOURS MIN.	(Month, D	Day, Year)		Countr	у)
066-07-0108	1 □ M 2 XX	09			03 - 30	<u>0-19(</u>			York
9a. FACILITY NAME (If not institution, give atr	wet and number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	NTY OF D	EATH
Physicians Memo	rial Hospi	tal	La	Plata			(Char	les
RESIDENCE OF DECEDENT								2 2 2 2 2	
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland Cl	narles	In	dian	Head					1 X YES 2 NO
10e. STREET AND NUMBER				f. ZIP COOE			10g. CITI	ZEN OF V	VHAT COUNTRY?
215 Handaman I				0061	^			~	
315 Henderson I				2064			U	_S.	Α.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES			CENDENT OF HISPAN Decity Cuban, Mexica			or No-	14. RACE Black	- American Indian, c, White, etc.
3 Widowed 4 Olvorced	IF YES, GIVE WAR OR O	ATES		2 NO Specify				Speci	
3 Incomes 1 Incomes			<u> </u>						White
15. DECEDENT'S EDUC (Specify only highest grade of	CATION (Completed)	18a. DECEDENT'S US	K done during m	ON not of working	16b. KI	IND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of word life, Do NOT use r	etired.)	out or Worlding					
12	4	Executi	ve Se	cretary	Un:	ion (larh	ide	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
Patrick Parker				Mail Comme				1-	
19a, INFORMANT'S NAME (Type/Print)		1		Mary					e
	•			and Number or Rural I					
Christopher C.	Henderson	200 E	ast H	awthorn	e Dr	. La	Pla	ta.	Md.20646
20g. METHOD OF DISPOSITION	208	b. PLACE OF DISPOSITI	ION (Name of ce	metery, crematory or		20c. LOC	ATION —	City or To	own, Stata
1 X Buriel 2 Cremation 3 Remo	Ga Ga	ate of H	eaven	Cemete	rv	Haw	tho	rne	N.Y.
21. SIGNATURE OF FUNERAL SERVICE LIC		- 1	22, NAME A	NO AOORESS OF FA	CILITY				
mm/1/	100	//	Areh	art Fun	eral	Home	e. I	nc.	
Muchael	O. Kon	nod		lata, M					0567
23. PART i. Enter the diseases, pr c	amplications that Sausa							40-	
Lo. FAITI I. LINES THE GIEGESON, DI C	Diliburations mar cansa	d the deeth. Do not	sntar tha me	ods of dying, auc			atory an		Approximate
ahock, Dr hsart fellure. I			snter the mo	ods of dying, auc			atory an		Approximate Interval Between
ahock, or heart fellure. I			sntar tha mo	ods of dying, auc			atory an		Approximate
ahock, Dr heart fellure. I	List Dnly Dne ceuse Dn e	Coron	snter the mo	litery			ein		Approximate Interval Between
ahock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne ceuse Dn e		snter the mo	litery			ern		Approximate Interval Between
ahock, or heart fellure. I	List Dnly Dne ceuse Dn e	Coron	snter the mo	litery			atory arr		Approximate Interval Between
ahock, or heart fellure. I IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions,	List DRIY DRIE COUSE DRIE DUE TO (OR AS A	Coron	snter the mo	litery			atory and		Approximate Interval Between
ahock, or heart feilure. I IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	List DRIY DRIE COUSE DRIE DUE TO (OR AS A	A CONSEQUENCE OF):	sonter the mo	ods of dying, auc			ern		Approximate Interval Between
ahock, pr heart fellure. I IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):	snter the mo	ods of dying, auc			ern		Approximate Interval Between
shock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF):	snter the mo	ods of dying, auc			atory and		Approximate Interval Between
shock, or heart fellure. I	DUE TO (OR AS A	A CONSEQUENCE OF):	snter the mo	ods of dying, auc			ern		Approximate Interval Between
shock, or heart fellure. I	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	my C	tuley	h as cardis	c or reepir	wtopsy	reat,	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS
ahock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	my C	tuley	Part I. 2	C Or respir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death
ahock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	my C	tuley	Part I. 2	c or reepir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ahock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	my C	tuley	Part I. 2	C Or respir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death
ahock, pr heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	my C	tuley	Part I. 2	C Or respir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Ons
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

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urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medicel
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	1 - STATE REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.	7	0 21104
	1. DECEDENT'S NAME (First, Middle, Last) George Wilbert	Rice				2. DATE OF DEATH	8, 1	3. TIME OF OEATH 990 8:45 pm
, el	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE	(In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEA		August 2 7. DATE OF BIRTH 7/30/06		8. BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give street Washington Count RESIDENCE OF DECEDENT	·	al		ON OR LOCATION OF O	EATH		hington
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	W. Va. Berkel	Ley	Gr	e at Ca	acapon		40m CITIZ	1 X YES 2 NO
FUNERAL	P.O. Box 157				25422		USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 ☑ YES IF YES, GIVE WAR OR I		If yes	DECENDENT OF HISPAI , specify Cuban, Mexica YES 2 X NO Specif		or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White
	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S (Give kind of the Do NOT us	vork done during	ATION most of working	16b. KIND OF BUS	BINESS/INDL	USTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Plumb			Plumbi	ng	
	villiam Henry	Rice			16. MOTHER'S NA	ME (First, Middle, Meiden Jeanette		lden
BE	19a. INFORMANT'S NAME (Type/Print)	KICE	19b, MAILING	ADDRESS (Str		Route Number, City or Tow		
2	Beatrice R. Oliv	ver				agerstown		
	20a. METHOD OF DISPOSITION 1 General 2 X Cremation 3 General 4 Donation 5 Other (Specify)	al from State	Smiths b	urg C	cemetery, cremetory or rematory	Smi		ourg, Maryland
	21. SIGNATURE OF FUNERAL SURVICE LICEN	mini	rich	Gera	ald N. M: eral Home	innich 30	5 N.	Potomac St.
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lit IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	each line.	FI:				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS CITUTORY	A CONSEQUENCE O MENTER A CONSEQUENCE O CLEUTER	re light ing Pri	polisi overcolor	driese	Lol	8/10/90 Boyears
AL C	PART II. Other significant conditions		_	in the under	tying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	7		2	6, PLACE OF DEATH (C	heck only one)		
rsic		HOSPITAL:	rtpetient 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 - Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		JURY	WORK?	28d. DESCRIBE HOW	NJURY OCC	CUREO
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, pecify)	street, factory,	office	261. LOCATION (Street City or Town, State	and Number)	or Rural Route Number,
COMPLETED	(Critical Crity	AN: To the best of my kno						ne cause(a) and manner as stated.
TO BE C		Ament, a			29c. LICENSE NU	T 5	29d. DATE	E SIGNED (Month, Day, Your)
	30. NAME AND ADDRESS OF PERSON WHO Richard E. 5;	with , W.D	. 1708		Hill Auc,	Hogerston	ارداند	Jud 21788
	AUG 31 '90	32 REGISTRAR'S SIG	on-Randale					

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31. DATE FILED (Month, Day, Year)
SEP 18 '90

DECOMPTION TABLE (For a continuous part of the continuous parts) and the continuous parts of the conti		1. DECEDENT'S NAME (First, Middle, Last)		na ini San	1		2. DATE OF DEATH	DAY Y	S. TIME OF DEATH
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BALLMANN BALLMANN AND STATES AND CONTROL OF PRESENTANT SAME PARK AND ALTOPEY PART I STATES AND A				T YRS.			07/19/	36	MD
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Total Proposed Diversion 1989-1961	ᄪ	V.0. Box							USA
Security Security		1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, s	pecify Cuban, Mexica	n, Puerto Rican, etc.		
The control of the process of the process of the control of the		3 Widowed 4 Divorced	1959-196	1					White
12th Shift Supervisor Power Company 11s. Mother's NAME (Pirk, Mode, Last) John Henry Robinson 11s. Mother's NAME (Pirk, Mode, Matter Sureau) John Henry Robinson 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's NAME (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 11s. Mother's Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Matter Name (Pirk, Mode, Matter Sureau) 12s. Mother Name (Pirk, Mode, Matter Sureau) 12s. Mother Name (Pirk, Mode, Matter Sureau) 12s. Mother Name (Pirk, Mode, Matter	Ш	(Specify only highest grad	le completed)	(Give kind of we	ork done during n	TION nost of working	16b. KIND OF	BUSINESS/INDUS	TRY
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206. METRICO OF DISPOSITION Description Commention Comments		Carlo Control of the	Rohinson	HAT INTERNOCES					
R. A. Ferris + Co., Inc West Chester, PA				PLACE OF DISPOSI					
22. NAME AND ADDRESS OF PRICEITY Mitchell—Smith Funeral Home, P.A. Have degrace. MD 21078-3197			moval from State		A. Fern	ris + Co.	, Inc	West Ch	ester, PA
Havre de Grace MD 21078-3197		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME	AND ADDRESS OF FA	CILITY		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inflavoral shock, or heart failure. List only one cause on each lines. IMMEDIATE CAUSE (Finel diseases or conditions) IMMEDIATE CAUSE (Finel diseases or conditions) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Classase or injury) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Classase or injury) International Lot Conditions are resulting in death but so that include events resulting in death but. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to for II. Other significant conditions contributing to for II. PART II. Other significant condit		W.00.	2 2	11					
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lood Sameritan Hospital, Baltimore Mb 21239 31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE	TED BY PHYSIC	3 Suicide 6 Could not b	building, etc. (Spec	C., 77					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cood Sameritan Hospital, Baltimore Mb 21239 31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE	OMPLETED BY PHYSIC	3 Suleide 6 Could not b 4 Homicide 6 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFVING PHY	building, etc. (Special Control of the best of my known	riedge, death occurre					
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SFD 18'90 La Savidson-Mandelle	TO BE COMPLETED BY PHYSIC	3 Suleide 4 Homicide 6 Could not b determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	SICIAN: To the best of my know NER: On the bests of examinatio HER Lift Dando WHO COMPLETED CAUSE OF DE	riedge, death occurre on and/or investigation \mathcal{M} , \mathcal{M}	n, in my opinion	, death occured at the 29c. LICENSE NU	time, data and plac	29d. DATE	cause(a) and manner as stat

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	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the func
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ING	After
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		021	RTIFICATI	_ Oi L		REG. 2. DATE OF DEAT MONTH		3. 1 YEAR	TIME OF DEATH
l I]	Nancy Joyc	e Roude	ebush			Septembe			3:20 A
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest b			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, You		6. BIRTHPLAN	CE (State or Foreign
	269-22-3633	1 🗆 M 2 💢 F	63	YRS. MONTHS	DAYS	HOURS MIN.	Aug. 15	, 1927	Ohic)
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN OR	LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	1
CTOR	6808 Hillcrest P	lace		Che	vy Cl	nase		Mon	tgomer	у
딥	RESIDENCE OF DECEDENT	TY		10c, CITY, TOWN (OR LOCATIO	DN .			10d	. INSIDE CITY
DIR.	Maryland Mont	gomery		Chevy C	'hage				1.0	LIMITS? YES 2 NO
- 4	10a. STREET AND NUMBER	gomer y		One vy		ZIP CODE		10g. CITIZ	EN OF WHAT	
FUNERAL	6808 Hillcrest P	lace				20	0815	Unit	ed Sta	ates
5	11. MARITAL STATUS	12. WAS DECEDENT EX	VER IN U.S. ARM	ED 13.		NDENT OF HISPAN	NC ORIGIN? (Speci	y Yea or No-	14. RACE /	American Indian,
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	3 Widowed 4 Divorced								Whit	te
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	Elementary/Secondary (0-12)	College (1-4 or 5+)		Oo NOT use retired.)				***		
COMPL		4	Hom	emaker				n Home		
- 1	17. FATHER'S NAME (First, Middle, Last)				- 1		ME (First, Middle, M			
100	Edwin C. Hartli 19a. INFORMANT'S NAME (Type/Print)	eb	405	MAILING ADDRES	_		Hoffma Route Number, City of		Codel	
이	STANDARD SHEET AND THE	buch					Chevy C			1.5
	William H. Roude	bush	1					LOCATION - C		
	20a. METHOD OF OISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE O				ADORESS OF FA		11101 0	br Tub	, narjia
	· Ellen 7	1/ P-		1	Rapp	Funeral	Service	s, P. A	•	
			y							MD 20910
	23. PART I. Entar tha diseases, or shock, or hasrt failure	. List only one cause	on each line.	th. Do not anta	r tha mod	e of dying, suci	h as cerdiec or	respiratory sm	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Pa		at a	Pa			nitro	46.	Onset and Daer
- 1	resulting in death)	s. 1 a	neuc	atic	Ca	ceno	ma, 1	runasi	MILLIC	6 MC
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Alison Martin, M. D., 5401 Western Avenue, NW, Washington, DC 20015

32 AEGISTRAR'S SIGNATURE
Juha Davidson Agandole 31. DATE FILED (Month, Day, Neer) SEP 17 '90

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		1. DECEDENT'S NAME (First, Middle, Last)	М	RADCL	IFFE					2. DATE OF DEATH Sept.	7 195		200
(D)		4. SOCIAL SECURITY NUMBER 212 76 5530	5. SEX 6.	AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	906	BIRTHPLACE Country).	(State or I
	OR	9a. FACILITY NAME (If not institution, give the Memorial Ho						RLANI	ON OF DE	ATH	9c. COUNTY	OF OEATH LEGAN	Y
. Pages 1,	DIRECTOR	10e. STATE 10b. COUNT			-	r, town o		land				Li	HSIOE CIT
nsit permit	FUNERAL I	100. STREET AND NUMBER 803 Trost Ave			1	Cum	7	ZIP CODE			10g. CITIZEN	OF WHAT CO	A
LU3-5 140 or attending physician. r use as the burial-transit permit, Pages	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMEO]NO		f yes, sp	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yor, Puerto Rican, etc.)		RACE — Ame Black, White, Specify: Whit	, etc.
ZIZU3-	LETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondery (0-12)) th	Give kind of vie. Do NOT us	vork done (e retired.)	during mo	ON ost of working	g	16b. KIND OF B		TRY	
the hospital e detached for the detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	1		ouse	MITE	2	-		Own ME (First, Middle, Maide Cunni	n Surname)		
be retained by je 5 should be notified at	TO BE	William A 190. INFORMANT'S NAME (Type/Print) Howard F. Rad						and Number	or Rural R	loute Number, City or To Cumberla	wn, State, Zip Co	de)	0.2
6 may ctor, pa		20e. METHOD OF DISPOSITION 1 VBuriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)		20b. PLAC	of Dispos	SITION (Na	me of cei	metery, cren	netory or	20c. L	ocation - cm	or Town, Star	rte
ALL IM r death. Pag e funeral dii al. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENBER	7		22.	NAME A	ND ADDRE	SS OF FAC	Kight	Funer	al Ho	ome
filled in the filled in the media		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Inter	on each life	10. W	not enter	the mo	ode of dy	ing, such		piratory srres	t, /	Approxir Interval Onset a
ate be execu ysician and prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	R AS A CONS									
the death of the attendid Mental Hy, or	CAL CERT	PART II. Other aignificant condition	dna contributing to de	eath but not	resulting	in the ur	nderlyin	g cause i	given in	Part I. 24a. WAS A	AN AUTOPSY ORMED?	24b. WERE	AUTOPSY
OF VITAL RECORL PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an inted, or item 23 shows any	MEDI									1 YES		OF DE	LETION OF
VIIAL PALANIAN: The law rithcate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpetlant	3 DOA	OTHEI	R:			eck only one) 6 Other (Specify)			
NOT VIG PHYSICIAL ath with the marked, or	зу РНУ	27. MANNER OF DEATN 1. Natural 5 Pending 2 Accident Investigation	26s. OATE OF IN (Month, Day,	JURY	28b, TIN	_	26c. IN.	JURY AT ORK? YES 2		28d. OESCRIBE HOW	Y INJURY OCCUI	REO	

ATION - City or Town, State berland, MD Funeral Home Cumberland, MD itory srrest, Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WTOPSY WED? NO 1 | YES 2 | NO JURY OCCUREO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. / 2 🗌 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) D 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR ROBUSTIANO BARRERA MEDICAL BLDG- MEMORIAL HOSP CUMB MD DHMH-16 Rev 1/89

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3. TIME OF OEATH

10d. INSIDE CITY LIMITS? TYPES 2 NO

14. RACE — American Indian, Black, White, etc. Specify: White

8. BIRTHPLACE (State or Foreign Country), W. Va.

1200 HRS M

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3 Suicide

4 Homicide

6 Could not be determined

m

Julia Laurdoon Mandelle

296. SIGNATURE AND THE OF CERTIFIER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State heart, of Health and Mental Hodiene orior burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc
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SEP 2 1 1990

JOHN FREDERICK REITH JR. A. A. CONSTONED TO SECOND TO SE	_	_	REGISTRAR	STATE OF MARYLA			HEALTH AN		REG. NO.	9		7188
218—38—0104				TH, JR.				2. DAT	TE OF DEATH NTH DA 19		EAR	
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TO DE LE LINE POR LA CONSECUENCE OF: TYPE, QU'ET MAN OR DATES		DIRECT	10e. STATE 10b. COUNTY	ANY								LIMITS?
TO DE LE LINE POR LA CONSECUENCE OF: TYPE, QU'ET MAN OR DATES		ERAL		T, P O BOX 1	173							COUNTRY?
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THE TOTAL PROBLEM TO DO INSPORTION THE INFORMATIS NAME (Page-Place) SHIRLEY M. REITH 19th. MARING ADDRESS (Stimes and Municide of Partal Rank Municide (City or Town, State) SHIRLEY M. REITH 20th. PLACE OF DISPOSITION (Amen or commistry,			(Specify only highest grade con Elementery/Secondary (0-12)	riON mpleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	most of working	1				
Sequention or pissosition Sequention S	at once.	w I		REITH								
The survey of Function 3 of Paramoval from State 1	notified										ode)	
23. PART I. Enter the glesses, or samplications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, inhority or heart felium. List only one cause on each line. 23. PART I. Enter the glesses, or samplications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, inhority or heart felium. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or inhur) DUE TO (OR AS A CONSEQUENCE OF): DUE	must be		20a METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Ramovi 4 Donetion /5 Other (Specify)	al from State				or				
23. PART I. Enter the diseases, or samplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	examiner		21. BIGHATURE OF FUNERAL SERVICE LINGUIS	Cer -		HA	RVEY H.	ZEIGI				-0636
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIFORMEDY PERFORMEDY PER	medical		shock, or heert feliure. Lis			not enter the	mode of dying,	such es c				Approximate Interval Between
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIFORMEDY PERFORMEDY PER	rent, the			DUE TO (OR AS A	CONSEQUENCE C	4	Cano			1 Month		
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Netural Section Sect	hows any inju	MEDICAL	PART II. Other significant conditions Pull Visual	Contributing to deeth but	TENS	in the under	ying csuse give	n in Part i	PERFO	MED3	CON	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
North Nort	item 2	SICIA	EXAMINER?		alore a 🗆 DOA	OTHER:						
See State of Parameter At nome, farm, street, rectory, orice 20. DCATION (Street and Number of Parameter) 20. DC	arked, or	4	27. MANNER OF DEATH 1 Netural 5 Pending	DATE OF INJURY	28b. TII	ME OF 28c	INJURY AT WORK?	28d.		NJURY OCCU	RED	
296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 296. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 297. LICENSE NUMBER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 298. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 299. SIGNATURE AND TITLE OF CERTIFIER CHAIN CORP. 290. DATE SIGNED (Month) 290. DATE SIGNED (Month) 290. DATE SIGNED (Month) 290. DATE SIGNED (Month) 290. DATE SIGNED (MONTH) 290. DATE	28 Is		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Specific	— At home, farm,	atreet, factory,	office				Rural Route	Number,
206. SIGNATURE WAND TYTLE OF CERTIFIER 206. LICENSE NUMBER 206. LICENSE NUMBER 206. DATE SIGNED (Morrit Day, Near) 9 20 90	=	OMPLE	(Check only									I menner es stated.
	IMPORTA	BE	1 KICH AR	DGS	Hmit	T MED			b 333			90

FIER S CHWITT WAS WHO COMPLETED CAUSE OF DEATH (ITEM 23/1/Jpa, Print)

WHO COMPLETED CAUSE OF DEATH (ITEM 23/1/Jpa, Print)

R. CUMBERLAN.

22. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Marth				D 3	TD				2. DATE OF MONTN	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUME		5. SEX		RA			1		Sept				7:30 AMM
			5. SEX 1 ☐ M 2 1 7 F	6. AGE (in yrs. ia:	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D	my Venera	6. BIRTHPLACE (State Country)		(ry)
	401-42-87		4.5	87	THS.					July	5,1			stonia
2						9b. CITY		OR LOCAT	ION OF DI	EATH			NTY OF C	
0	12910		hapel F	Rd.			Во	wie				Pr.	Ge	20.
EC	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIR	Maryland	Pr	in v e Ge	orges	1	Bowi	0							LIMITS?
7	10e. STREET AND NUMBER			.01 900	_			f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
ER/	3700 Idol	Stone	Lane						2	20715			U.S	. A.
FUNERAL DIRECTOR	11. MARITAL STATUS	D COME	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT (NIC ORIGIN? (Specify Yea	or No-	14. RAC	E — American Indian.
	1 Never Merried 2			YES 2 X	Ю			ecify Cubi		n, Puerto Rici	n, etc.)		Blac	k, White, etc.
ВУ	3 ★ Widowed 4 □ Divo	rced						X		,.			орос	Cauc.
	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		CEDENT'S				ina	16b. KI	ND OF BUS	SINESS/IND	DUSTRY	
	Elementary/Secondery (0		College (1-4 or 6	life.	. Do NOT u	se retired.)								
MP	12		0		Н	omen	ake	r						
COMPLETED	17. FATHER'S NAME (First, M	4								ME (First, Midd				
BE		del								Hele	-			4-
0	19a. INFORMANT'S NAME (7	THE RESERVE		19						Route Number,				_
-	Sandy Lu		•			_				a. Boy				
	20e. METNOO OF DISPOSIT 1 Buriel 2 Cremelic	n 3 🗆 Rem	oval from State	20b. PLACE other p	lace)							CATION -		13.4304
	4 Donation S Quiter (Specify) Cedar Hill Crematory Suitland, MD													
	21. SIGNATURE OF CHIEFAL SERVICE LIBERTUSE 22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home												ne	
	19/10	nio	21 Que	dr	_									am, MD 2070
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAS	lone, diete ING	DUE TO	iratory (OR AS A CONSE	hei	mer '		ise	ase	-				Onset and Death
E			d											
MEDICAL	PART II. Other eignifica	nt condition	e contributing to	deeth but not	resulting	In the u	nderlyln	g cause	given in		PERFOR	MED?	241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (C)	neck only one)			_	
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHE 4 Nu		ne 5 🗆 R	lesidence	6 Other (S	inecity)			
PHYSICIAN:		Pending	26e. DATE OF		28b, TIR		28c. IN	JURY AT ORK? YES 2		26d. DESCR		NJURY OC	CUREO	
TED BY	• 🗆 • • • • •	Could not be determined	28e. PLACE (building	OF INJURY — AI he , etc. (Specify)	ome, ferm,	street, fac					ON (Street e fown, State)		r or Rural	Route Number,
COMPLETED	(and an anny		ICIAN: To the best of ER: On the basie of e											e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	/				29c. LIC	ENSE NU	MBER		29d. DA1	E SIGNE	D (Month, Day, Year)
- 11	1 aul	1	Kho	der	N	2		D:	2202	28		▶ (09-1	10-90
2	30. NAME AND ADDRESS O						Ce	nte	r, (Croft	on.	MD		
	31. OATE FILED Month, Day,	Year)	32. REGISTRA	AR'S SIGNATURE							/			
	SEP 1-1	'90	Sulia	Davidson	Aprila	2								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27189

DNMN-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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27190 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIIFI	CALE	: OF	DEA	I H	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C	DEATN		WEAR	3. TIME OF DEATN
	Lula Berli	e Ruarl	,						Sept			90	9:30 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	(birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8. BII				HPLACE (State or Foreign
	213-16-1062	1 □ M 2XXF	88	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month, Day	(, Year)	000	Count	try)
				1110.		May 16,1902 Maryl							
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE	ATH	}	9c. COU	NTY OF C	EATN
DIRECTOR	Dorchester Gen	neral Hos	spital	1	(Camb	orid	ge			D	orc	hester
ا 5	RESIDENCE OF DECEDENT												
H.	10a. STATE 10b. COUNTY			10c. CITY	r, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
0	Maryland Don	rchester			Chi	ırch	n Cr	eek					1 TES 2X NO
ا بر	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Church Creek I	bso8					216	22		l			
žΙ	11. MARITAL STATUS	12. WAS DECEDENT EV	FRINIIS AR	MED	1 13	WAS OFC			IIC ORIGIN? (S	nacify Van	or No	14 BAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO		If yes, sp	ecity Cubi	n, Mexica	n, Puarto Rican		0, 110	Blec	k, White, atc.
à l	3√XWidowed 4 ☐ Divorced	IF YES, GIVE WAR	OR DATES		1	1 TYES	2X NO	Specify	/:			Spec	White
	15. DECEDENT'S EDUC	CATION	44. 00	CEDENTIN	HOLIAL OF	00110471	DAI		T ant Man	o or oue	NICOC IN	MICTEL	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use refred.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of two work one during most of working life. Do NOT use refred.)													
۳ ا	Elamentary/Secondary (0-12)	College (1-4 or 5+)	me.		,								
를	7			Hom	emak	cer							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 7 16a. DECEDENT'S SUBJAL OCCUPATION (Che kind of work done during most of working life. Do NOT use retired.) HOMEMAKET 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY													
19a INFORMANT'S NAME (Tono/Print) 19h MAII INC ADDRESS (Street and Number or Bural Borde Number City or Fours State 7in Code)													
0											600		
·	Louise R. Cre:	lgnton	~						n Cree				
	20s. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, 8 other place)												
	4 Donation Donation		Beth	nleh	em (J.M.	. Ch	urcl	hvard	Tay	lor	s I	sland, MD.
	21. SIGNATURE OF TUNERAL SERVICE INC	ENSEE						SS OF FA	A				al Home
	10 - W	アン				700	Loc	ust	St.	Camb	rid	ge,	MD. 21613
	23. FART J. Enter the diseases, or c shock, or heert feliure. IMMEDIATE CAUSE (Fine)	List only one ceuse	on each ilne	h.	1	the mo	ode of dy	ing, suc	h sa cardiac	or reapid	ratory sr	rest,	Approximeta interval Between Onset and Death
	disease or condition resulting in death) a. Congestive Heart tablete OUE TO (OR AS A CONSEQUENCE OF):												
_													
<u>Ö</u>	Sequentially list conditions, our To (or as a consequence of):												
Ā	If any, leeding to immediate cause. Enter UNDERLYING	Paramo	T	sons	0								116
유	CAUSE (Diseese or injury	c. CONTROP	AS A CONSE	OUENCE O	D:						-		14.7
CERTIFICATION	thet initieted evants resulting in death) LAST				,								VICE
H		. Kyphos	15.										+ 412.
	PART II. Other significant condition	a contributing to de	ath but not	reauiting	in the ur	nderlyln	g cause	given in	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINOINGS
Ă	0		2000	_			-			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL		VEHIS (TAD	,	451	en	110		1	YES 2			OF DEATH?
	Pompolus	to Ru	<u>G.</u>)								1 YES 2 NO
-		•											NIA.
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)				
ᅙ	EXAMINER?	HOSPITAL:		-	OTHE	R:							
ΥS	1 VES 2 VES	1 (Impatient 2 🗆 Ef						lealdence	8 Other (Sp				
ᇤ	27. MANNER OF DEATN	(Month, Day,	Year)	28b. TIM	IE OF JURY	WC	JURY AT ORK?		28d. DESCRI	BE HOW II	NJURY O	CURED	
B	1 Netural 5 Pending 2 Accident Investigation		NA			10	YEO 2	NO					
	3 Suicide 8 Could not be	28a. PLACE OF IN	Specify) — At he	ome, farm,	atreet, fac	tory, offic	ca		281. LOCATIO	N (Street a	nd Numbe	or Rumi	Route Number,
ŭ.	4 Homicide determined	bulluling, atc.	· (Opecny)	NA					City or it	NIF			
W	29a. CERTIFIER					_							
I I	(Check only	ICIAN: To the best of my											
COMPLETED	2 MEDICAL EXAMINE	:R: On the basis of axam	ination and/or	investigation	on, in my	opinion, o	death occu	ared at the	time, data and	place, an	d dua to t	the cause	(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNE	D (Month_Day, Year)
BE	. () ()	000					DI	~ 1	4		> C	7 1	7.90.
0	Lett	220					11	8,	(-	1 4 1	
	30. NAME AND ADORESS OF PERSON WIN	LICE, MD	OF OEATN (ITE	M 27) (Type	(ar	ylar	1 40	A ve	, Ca	mbr	idq	· ×	1D 21613
	SEP 1 9 '90	32. REGISTRAR'S	SIGNATURE	وره	00								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit.	removal. edical examiner must be notified at once.
	filled for	on, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z- hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	90	2719
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FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL	HYGIENE S	0 0	27191
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF	F OEATN		3. TIME OF OEATN
Thomas Franc	is Rosado				09	01	90	1646 M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	8. BIRTI	NPLACE (State or Foreign
0 79-24-7982 9a. FACILITY NAME (If not institution, give		59 YRS.	MONTHS DAYS	OR LOCATION OF O		04-30		ezuela
Peninsula Ger	,	ital		isbury	LAIN	56.0		omico
RESIDENCE OF DECEDENT	neral nobp	rvar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LODGLY			77.00	7412.00
10a. STATE 10b. COUNT	•	1 1	Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	ce George's	H	yattsvill	е				1 X YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP COOE		10g.	CITIZEN OF	WHAT COUNTRY?
6914 17th Avenu				20783			U.S.A	١.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER FORCES? 1 X YES	8 2 NO	If yes, s	CENOENT OF NISPA pecify Cuben, Maxico 3 2 NO Specia	en, Puerto Ric		- 14. RAC Blac Spec	E — American Indian, k, Whita, etc. #/y: White
15. DECEOENT'S EO	UCATION	16a. OECEOENT'S	USUAL OCCUPATI	ON		INO OF BUSINESS	/INOUSTRY	······································
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of a	work done during m se retired.)	ost of working				
12	4	Mechan	ical End	ineer	A	ir Condi	ition	
17. FATHER'S NAME (First, Middle, Last)						idle, Maiden Surnam		
John Rosado Bel	tran			Erc	ilia Lu	lane		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural			, Zip Code)	
Rosa Rosado		6914 1	7th Ave	enue, Hy	attsvi	ille. Mar	vlanc	20783
209. METHOD OF CHARGAITION	2	PLACE OF DISPOS				20c. LOCATION		
4 Donation F Commission -	U / V	Maryland	State V	ets. Cei	metery	Chelt	enhan	n. Maryland
21. BIGHATURE OF FUNERAL BERVICE L	Applicate /	/	22. NAME A	NO ACCRESS OF FA	ACILITY			
1/6/1/ /-	1/200	an	ranc	is Gasch	1.2 201	ns rune	ral He	ome, PA .MD 20781
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	D. OUE TO (OR AS	OSCIETO: A CONSEQUENCE O	F):	rdiovas	cular	Disea	se	Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	f):					
PART II. Other algnificant condition	ons contributing to death	but not resulting	in the underlying	ng cause given in	Part I. 2	14a. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
	_					PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
						TES 2 M	, I	OF GEATN?
								1 129 2 110
25. WAS CASE REFERRED TO MEDICAL			28. F	LACE OF GEATN (C)	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Oc	ulpatient 3 DOA	OTHER:	me 5 - Residence	6 Other	(Snac#V)		
27. MANNER OF OEATN 1 Netural 5 Pending	28a. OATE OF INJUR (Month, Day, Year	Y 26b. TN	IE OF 26c. IN	JURY AT ORK? YES 2 NO		RIBE NOW INJURY	OCCUREO	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28a, PLACE OF INJUI	RY — At home, farm, pec/ly)			26f. LOCAT City or	ION (Street and Nur Town, State)	mber or Rural	Route Number,
29a. CERTIFIER (Check only	SICIAN: To the beat of my known							
	NER: On the basis of examine	non and/or investigation	on, in my opinion,					
296. SIGNATURE AND TITLE OF CERTIFI	elselay	Deputy		DO35		29d.		0 (Month, Day: Year) 01-90
John T. Bulk				uff Ro	ad -	Salisb	ury,	Md.
SFP 1 0 '90	32. REGISTRAR'S SI						V - F	
751 7 0 00	0							ONMH-16 Rev 1/8

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a solution of the completely filled in by the funeral director, page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Iven 28 is marked, or Iven 23 shows any Inlury, or other traumatte event the medical examinary must have accounted to the control of the cont DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		E004						
	ITEMS:23 thru 28f	5024 per ME G-668						
		STATE OF MARYLAND		TMENT OF H		MENTAL HYGIE REG. N		0 27192
	1. OECEDENT'S NAME (First, Middle, Last)	2.2 - 2		n- 1	-	2. DATE OF DEATH MONTH 9-12-90	DAY YE	3. TIME OF GEATH
		olland s. sex 6. AGE (in yrs.	Melvi	n Redo	O IF UNDER 24 HRS.	7. DATE DE BIRTN	4.8	3:45PM M BIRTHPLACE (State or Foreign
	577-62-3487	1 XM2 □ F 4/	YRS.	MONTHS DAYS	HOURE MIH.	(Month, Day, Year)	110 1	equitry)
_	9a. FACILITY NAME (If not institution, give stree				R LOCATION OF OR		9c. COUNTY	OF DEATH
OTO	7990 Georgia Avenu	je		Silve	er Sprin	<u>g</u>	Montgo	mery County
DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	1145h	ion			10d. INSIDE CITY
	104. STREET AND NUMBER	-1	$\perp \nu$	101.	ZIP CODE		10g. CITIZEN	1 N YES 2 □ NO OF WHAT COUNTRY?
FUNERAL	5218 Fitch	St. S. t. +	+7	2	20019		11.5	, ·
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO		ecify Guban, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.) iy:	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify:
9	15. OECEDENT'S EDUCAT (Specify only highest grade co	FION 18a	DECEDENT'S	USUAL OCCUPATIO work done during mos	ON of constitute	18b. KIND OF	BUSINESS/INDUST	RY RY
LET		College (1-4 or 8+)	Ille. Do NOT u		si or working	Afre	0.00	11-20
COMPLET	TEATHER'S NAME (Elrst, Middle, Lest)		vui 5	ing ma	18. MOTHER'S NA	ME (First, Middle, Maid	on Sumbrad	HOME
BE C	Ples Kolland	Kedd			Luci	11e I	gNie	15
TO B	19a. INFORMANT'S NAME (SIPPOTAIN) LUCILLE RECC	1	196. MAILING	ADDRESS (Street a	nd Nymber or Rural I	Foute Number, City or	pwn, State, Zip Coo	ash. DC.
	20a METNOD OF OISPOSITION 1 Surial 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	al from Stata 20b. PL/	ACE OF DISPD	SITIDN (Name of con	netery, crematory or	20c.	LOCATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN)	22. NAME AN	ND ADDRESS OF FA	ICILITY Hood	ies E	Edwards
a a a a a a a a a a a a a a a a a a a	ranice &	nuards		P.O. (Box 31	201 CA	1. Hats. 1	Ma. 20743
and mounts	iMMEDIATE CAUSE (Fine)	st only one cause on each	ine.	DN	de of dying, suc	h sa cerdiec of re	spiratery srreat,	Approximate Interval Between Onset and Death
FICATION	Sequentially list conditions, if any, leading to immediste cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A COR	NSEQUENCE O)F):				
ERTI	thet initiated events resulting in death) LAST	DUE TO (OR AS A COR	ISEQUENCE C	/F):				
AL C	PART II. Other significent conditions	contributing to death but n	ot resulting	in the underlying	g cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL							3 2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
AN.								
SICIA		HOSPITAL:	- 1 □ DOA	OTHER.	LACE OF DEATH (Ch	s ther (Specify)	Mote	1
PHYS	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TII	ME DF 28c. INJ	JURY AT ORK?	28d. OESCRIBE HO		
BY P	1 Natural 5 Pending 2 Accident Investigation	9—12—90 (Month, Day, Year)	2:3	1 magus	YES 2 NO	SUBJECT	INGESTE	
	Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, farm,	street, factory, offic	. ●	281. LOCATION (Str City or Town, SI SILVER SI	et and Number of State) PRING, M	EORGIA AVE#314
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	e, danth occur	red at the time, date	and place, and dur	a to the cause(a) and	manner as stated.	
OMI	000)	On the basis of examination and	d/or investigat	ion, in my opinion, d	death occured at the	time, data and place	, and due to the cr	ause(s) and menner as stated.
BE COMPLE	HE SIGNATURE AND TITLE OF CERTIFIER	Hon			29c. LICENSE NU			GNED (Month, Day, Year)
5	SO NAME AND ADDRESS OF PERSON WHO	COMPLÉTEO CAUSE OF DEATH	(ITEM 27) (Typ	e, Print)	OCME)		9-13-90
	EDANK DEDERMIT MD		111 D	onn Ctro	at Dalti	more,MD 2	21 201	110
	FRANK PERETTI, MD 31. DATE FILED (Morith, Day, 1947) SFP 1 4 90	32 REGISTRAR'S SIGNATURE Sulia Davidoon			et, Baiti	THOTE 'I'D S	1201	VC

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fater death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS:23 thru 28f per ME

G-669 11/29/90 cm	L.											
FOR STATE REGISTRAR	STATE OF M		DEPAR					MENT	AL HYGIEN REG. NO.	E :	90	27193
1. DECEDENT'S NAME (First, Middle, Last)			Dona					2. DAT	E OF DEATH	Y	YEAR	3. TIME OF DEATN
Mary	I		Ross					-	-5-90 M			2:15PM
4. SOCIAL SECURITY NUMBER 218 78 1105	5. SEX	6. AGE (In yrs. In 7.2	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DAT	E OF BIRTH		8. BIRTH	GOMERY CT 1
9a. FACILITY NAME (If not institution, give s		12	Tho.	Oh CITY	TOWAL O	R LOCATIO	ON OF DE		7 1 7 10		NTY OF D	
Southern Maryla		-al	1	90. CITT,		lint		AIN		210 0235		Georges Co
RESIDENCE OF DECEDENT	nd nospit	aı				1 1110	OII			LTT	TICE	Georges Co
10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN O	R LOCATI	ON						10d. INSIDE CITY LIMITS?
MD MONTG	OMERY		S	ILVE	R SP	RING						1 YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODI				-		WHAT COUNTRY?
3100 GRACEFIE							9 0 4					STATES
11. MARITAL STATUS 1 📈 Never Married 2 🗌 Married		YES 2 X	RMED NO	1	f yea, spe	cify_Cuba	n, Mexice	n, Puerte	ilN? (Specify Yea o Ricen, atc.)	or No—	14. RACI Blac	E — American Indian, k, White, stc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 📉 NO	Specify	y:			Spec	"y: IITE
15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	N		10	Sb. KIND OF BUS	INESS/IN		ILIE
(Specify only highest grade Elamentery/Secondary (0-12)	completed) College (1-4 or 5 +	- ii	Give kind of w e. Do NOT us	ork done of retired.)	during mos	it of workir	g					
12			UNEM	PLOY	ED				NC	NE		
17. FATNER'S NAME (First, Middle, Last)						18, MOTI			, Middle, Maiden	Surname)		
UNKNOWN							UNK	NOW	N			
19a. INFORMANT'S NAME (Type/Print)	4.0.0	1							mber, City or Tow			207/0
ORITA WILLIAMS C	ARR							UE	CAMP SE		_	
20a. METHOD OF DISPOSITION Market 1	oval from Stata	other ;	e OF DISPOS				natory or					own, State
4 Donation 5 Other (Specify)	CENOEE	WAS	HINGT				00.05.54	OH ITY		TLAN		
21. SIGNATURE OF PUNERAL SERVICE LI	DENSEE	1		22.	ÄLEX	ANDE	RS	POP	E FUNEF	CAL H	OME	
Wey S.	10pe	h.			2617	PA	AVE	SE	WASH DO	20	020	
23. PART i. Enter the diseeses, or ehock, or heert fellure.	complications the	ceueed the d	leath. Do n	ot enter	the mo	de of dy	ing, auc	h aa ce	erdiec or respi	retory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Finel												Onset end Dear
diseese or condition reaulting in deeth)	. RESPIRA				1PLIC	CATI	VG C	ERE	BRAL PA	LSY		
	AND CHR	OR AS A CONS		,	TITC	MONTA	DV F	TOE	ACE			
Sequentially list conditions,	b	OR AS A CONS			LOI	W.ICYTAL	71/1 1	7101	AUL .			-
If eny, leeding to immediate cause. Enter UNDERLYING		(İ
CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONS	EOUENCE OF	F):								
reaulting in deeth) LAST	d.											
BADT II Other circlificat condition	no annielhuitan in	double had not	no avilato a	les Als a sur	ada eli da			Deet 1	T		1.00	
PART II. Other eignificent condition THORACO—ABDOMIN						Cenee	given in	Part I.	24a. WAS AN PERFOR	RMED?	241	 WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE
THORACO ADDOUTIN	ALL TIMOURI	MIND II.	INIAL	DEM	NIA				*XYES 2	□ NO		OF DEATH?
												TYPES 2 NO
25, WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATN /C	neck only	one)			
EXAMINER?	HOSPITAL:	ER/Outpetlant	3 🗆 BOA	OTHE	R:				her (Specify)	Gr	CUD	home
27. MANNER OF DEATN	28a. OATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	ratuerice		EŞCRIBE HOW			
1 Natural 5 Pending	8/25/9	ay. Year)	INJ	IURY M	1 🗌 1	RK?	NO 🖺		UNKNOW	J		
2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE O	F INJURY — At atc. (Specify)	home, ferm,	street, fac	tory, offic	•		261. L	DCATION (Street	and Numb	er or Rural	Route Number, DDTV/I
4 Homicide determined	GROUP	HOME"						CL.	ty or Town, State,	PG.,	COUN	TY, MARYLAI
29a. CERTIFIER (Check only 1 CERTIFYING PNYS	SICIAN: To the beat of	my knowledge,	death occum	ed at the t	time, date	and place	, and du	to the	cause(a) and ma	nner as at	sted.	
cont only												a) and menner as stated.
295, SHIMATURE AND STILL OF CERTIFIE	1 1111						ENSE NU			T		D (Month, Day, Year)

OCME

111 Penn Street, Baltimore, MD 21201

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson Pondello

PERETTI, MD

90

31. DATE FILED (Month, Dey, SEP 1 2

VC

9-6-90

6	
1	7
	permit.
46	physician. burial-transit
21203-3146	ital or attending phys I for use as the buri

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospit BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ICATE	OF DEA	TH.		G. NO.	90	2/194			
-	1. DECEDENT'S NAME (First, Middle, Last)	Mild	dred Lee	Dogg	FC-	73	2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	KOSS IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BI	75 mil :40:	90 S. BIFTTHE	0//5 M			
	k 219 28 8445	¹□ M 3√5₹ 56	YRS.		DAYS HOURS	BRIDA	(Month, Day, March	70 1934 24, 193	Country				
?	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, 1	TOWN OR LOCAT				OUNTY OF OE				
DIRECTOR	St. Agnes Hospi	tal]	Baltimo	re C	ity	==	=====	==			
EC	10e. STATE 10b. COUNT	Y .		Y, TOWN OR						10d. INSIDE CITY			
		timore		atons		1 TES 2 ENO							
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COO	_			10g. CITIZEN OF WHAT COUNTRY?				
INE	309 Greenl	12 WAS DECEDENT EVER II	N U.S. ARMED	13. W	AS DECENDENT	228	IIC OBIGIN? (Sn		USA - I 14 BACE	— American Indien,			
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2V-VNO	1 11	yes, specify Cubi	n, Mexice	n, Puerlo Ricen,		Black, Specify Whi	White, atc.			
LED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S (Give kind of	work done du	CUPATION iring most of worki	ng	18b. KINE	OF BUSINESS/	INDUSTRY				
)LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	llfe. Do NOT u		s Clerk			Sear					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		<u>i.</u>	Durch		HER'S NA	ME (First, Middle	, Maiden Surnam					
BE C	John Shifflett					Max	rion Ho	pkins					
TO E	190. INFORMANT'S NAME (Type/Print) Richard E. Ross				Street and Number					0			
	20e. METHOD OF DISPOSITION	200	b. PLACE OF DISPO		low Roa		consv1]	20c. LOCATION					
	1 Buriel 2x Cremetion 3 Rem	ioval from State	other place)		mation		ices	Hampste	•	·			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AME AND ADDRE								
	Harm W.	Hought		Ha:	ight Fu	nera.	1 Home	Box 19!	5 Syke	21784 sville, Md.			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart feliure. List only one cause on each ilne. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence or):												
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
CEH		d											
PHYSICIAN: MEDICAL	PART II. Other significent condition	18 contributing to death t	but not resulting	in the und	derlying cause	given in		. WAS AN AUTOP PERFORMED? YES 2 1 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
N.	25. WAS CASE REFERRED TO MEDICAL												
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	netlant 3 🗆 DOA	OTHER:	26. PLACE OF I			natha					
HYS	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. INJURY AT WORK?	EGIOGICE		E HOW INJURY	OCCURED				
ВУБ	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2	□ NO							
60	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, oc/fy)	street, facto	ry, office		28f. LOCATION City or To	N (Street end Nun wn, State)	nber or Rural A	oute Number,			
COMPLET	TOTALK OTHY	BICIAN: To the best of my know ER: On the basis of examination								and menner se stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	in Min			29c. LIC	ENSE NUI	MBER	29d.		(Month, Day, Year) 51 90			
-	St. Agnes 405 P	10 COMPLETED CAUSE OF DI	Cast	e, Print) Au	e. I	3alt	Love,	MO					
	31. DATE FILED (Month, Day, Year)	900 32. REGISTRAR'S SIGN	NATURE Julia V	Davidson	- Aandele		14						

New List In the

4 A R

3. TIME OF OEATN

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

White

1 - YES 2 1 NO

BIRTNPLACE (State or Foreign Country)

11:55 a.m.⊁

DAYS

Bel Air

10c. CITY, TOWN OR LOCATION

16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

10f. ZIP CODE

21014

13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify:

YEAR

9c. COUNTY OF DEATN

Harford

Ireland

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

1990

REG. NO. 2. DATE OF DEATN MONTH

Dec. 18,1901

19,

16b. KIND OF BUSINESS/INDUSTRY

City Government

Sept.

7. DATE OF BIRTN (Month, Day, Year)

1			1. DECEDENT'S NAME (First,	Middle, Lest)						
	00 01	12.5	Hugh Ge	erald	Smith					
	The Second		4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE	'In yrs. lest	birthday)		DER 1 Y
	OD		062-07-4971		1 🔀 M 2 🗌 F		88	YRS.	MONTH	48 0
	(31)		9e. FACILITY NAME (If not in		treet and number)				9b. C	HTY, TO
	X	T CE	307 Wright	Street	+				B	el
	1. 2.	CTOR	RESIDENCE OF DEC							
	800	-E-	10a. STATE	10b. COUNTY				10c. CIT	Y, TOW	N OR
	& <u>`</u>	ā	Maryland	Har:	ford			Be.	1 A	ir
	Fred	AL	10. STREET AND NUMBER							
	n. Insit	ᇤ	307 Wright	Street	t					
	siclar ial-tra	FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	T EVER I	N U.S. ARI			13. WA
	phy phy	BY F	1 Never Married 2 2 3 Widowed 4 Dive	Merried	IF YES, GIVE					1 [
	nding as the table	0 8			<u> </u>					
	2000 ante		(Specify onl	EDENT'S EDU y highest grade	completed)		(GI	CEDENT'S ive kind of Do NOT u	work do	one dun
	21 d for) E	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)				
	AND the hosp detache	COMPLETE	17. FATHER'S NAME (First, M	liddle (eet)			E.	lect	LTC	Tal.
	A the	S	Philip	DOGR, East)	Smith					
	ORE, MARYL, e 6 may be retained by vector, page 5 should be must be notified at	BE	19a. INFORMANT'S NAME (Ema/Drint)	SIIILUI		101	. MAILING	ADDE	ECC /S
	AAI retain 5 sho	2	Maureen T. I						are	
	y be		20a. METNOD OF DISPOSIT			201		OF DISPO		_
	B mar tor, p		1 💢 Burial 2 🗆 Cremelic	on 3 🗆 Rem	oval from Stata	_ St	other pla	ohn":		ath
	MO Sage		4 Donation 5 Other		CENSEE	_ 5	. 00	JIHI :	_	22. NA
	death. Page tuneral dir		1	1//	101		4	1		HOW
	BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, noted. The examiner must be notified at once.		Pocesers	1	UPLO	Mid	2011			131
	C no at		23. PART I. Enter the d		complications the List only one ca				not en	iter th
(filled in bion, or rer in the media		IMMEDIATE CAUSE (FI							W
	6, within 24 pletely file cremation, went, the		diseese or condition resulting in death)	\rightarrow	· /n	M	- 1 1	IL		11
	46, ad within ompleteh al, crema				OUE TO	OR AS	A CONSE	DUENCE O	F):	
	ECORDS, P.O. BOX 13146, equires that the death certificate be executed within 24 mm as signed by the attending physician and completely filled of Health and Mental Hygiene prior to burial, cremation, on thems any finlury, or other fraumatic event, the mitows any finlury, or other fraumatic event, the mitows and provide the control of	1 -	Sequentielly list condit	tions.	b					
	BOX 131. ertificate be execute ing physician and c giene prior to buna other traumatic	CERTIFICATION	if any, lasding to imme	diate	DUE IC	OH AS	A CUNSE	DUENCE O	(*) :	
	BO cate	2	CAUSE (Disease or inju		C	OR AS	A CONSE	DUENCE O	E)	
	Certifi fing i	Ē	that initieted events resulting in death) LAS	т	552 11	(on no	N GOMBE	JOENOE O	. ,.	
	P.O. BOX leath certificate be eathending physician mal Hygiene prior to	Ä		•	d					
	ECORDS, P.O. B equires that the death certifica en signed by the attending ph of Health and Mental Hygiene hows any inlury. or other	ادِ	PART II. Other aignifica	nt condition	s contributing to	death i	out not r	eaulting	in the	und
	RECORD v requires that the been signed by it. of Health and its shows any it.	MEDICAL								
	COF uires the signed Health Health									
	A - 9 . W									
	AL F has b b Dept.		25. WAS CASE REFERRED T	O MEDICAL						
	ITAI IN: The ficate h State E	Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Oul	petlant 3	□ DOA		HER: Nursin
	OF VITAL PHYSICIAN: The la this certificate has with the State Der		27: MANNER OF DEATN		28e. DATE O	F INJURY Day, Year)		28b. TII	AE OF JURY	2
	NG PHYSI NG PHYSI frer this o eath with	7	1 Natural 5	Pending Investigation	(moner,	Day, rear)			JUHI	a l
	ON WDING P WDING P WDING P WDING P		Accident 3 Suicide 8	Could not be	28a. PLACE	OF INJUR	Y — Al ho	me, farm,	atroot,	factor
	DIVISION OF VITAL OR ATTENDING PHYSICIAN: The la DIRECTOR: After this certificate has hours after death with the State De Hem 28 is marked, or item 2.		4 Nomicide	determined	bonding	, em (a)De	nong/			
	DIVI OR A DIREC hours	Ä	29a. CERTIFIER 1 CER	TIFYING PNYS	ICIAN: To the best of	of "my. know	vledge, de	ath occur	red at 1	the time
	TAKE TAKE	3	one)	-	ER: On the basis of	1				
	HOSPITAL FUNERAL within 72	8	296. SIGNATURE AND YOU	E OF CENTIFIE		X	/		_	
	포 포 포 를 등	題	Mary.	4)	w	X		U	W	>
	P P 2 2	5	30, HAME AND ADDRESS	PERSON	HO COMPLETED CA	use of h	A)H, OE	M 27) (7/d	Print	1
		100	11501110	/ /	Eyw	Mag	7	1	2	f .

31. OATE FILEO (Month, Day, Year)

P 20 1990

			18. MOTNER'S NA	ME (First,	Middle	, Maiden	Surname)		
			Rosean	n_			Re:	illy	
15	b. MAILING ADDI	RESS (Street a	nd Number or Rural	Route Num	ber, C	ity or Town	, State, Zip Coo	de)	
3	14 Tare	yton (Ct., Bel	Air	N	1d.	21014		
20b. PLACE other p		Name of cen	netery, crematory or			20c. LO	CATION — City	or Town,	State
St. J	ohn's C	athol:	ic Cemet	ery		Нус	des, M	aryla	and
			D ADDRESS OF FA		77	rr E	moval	Llom	D 7
007	1/_	1317	d K. McC Cokesbur	y Rd	• /	Abi	ngdon,	Md.	
used the d		nter the mo	de of dying, aud	h aa can	diac	or reapi	ratory arrest	,	Approximate interval Between
1 - 1 24 - 1 1 1 1 1 1		my	Evon	~A	-				Onset and Death
AS A CONSE	EOUENCE OF):								t
AS A CONSE	EQUENCE OF):								
AS A CONSE	EOUENCE OF):	_							
th but not	resulting in the	a underlying	g cause given in	Part i.	24a	. WAS AN		AMA	RE AUTOPSY FINDINGS ALABLE PRIOR TO
					1 [YES 2	NO		MPLETION DF CAUSE DEATH?
						/		1 [YES 2 NO
		26, PI HER:	ACE OF DEATH (C	heck only a	ne)				
Oulpatiant		Nursing Horn	e 5 Residence	8 🗆 Oth	er (Sp	ecify)			
JRY ear)	26b. TIME OF INJURY		RK?	28d. DE	SCRII	BE NOW I	NJURY OCCUR	ED	
niny ***			res 2 No	000 10	04710	M /Dr	and thurs	0	Atmos
(Specify)	ome, farm, atreet	, ractory, offic	•	281. LOC	or To	N (Street i wn, State)	and Number or	HUMII HOUN	rumber,
			and place, end du						
setion and/or	r investigation, in	my opinion, d	eath occured at the	ilme, dat	e and	place, an	d due to the c	euse(a) an	d manner as stated.
	10.1	\/	29c. LICENSE NU	MBER			29d. DATE S	MINED OU	morting and
5	0 40	1	D13775				> 7/	17	110
DEATH	EM 27) (Typ6) Prings	1.	2112	5	1	4A	121	14	2047
SIGNATURE			riju	- J Y (00	t	0 0		01411
vidson-	Randelle								
									DHMH-18 Rev 1/8

/C W

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	in 24 yours after death. Page 6 may be retained by the hospital or attending physician.	3 THF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should if the virthin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR				OLITIII	ICAI	<u> </u>	DEAL	<u>n</u>	HE	G. NO.				
Autella Ger		SHOWE							2. OATE OF DE MONTH	DAY	1 9	YEAR	3. TIME OF DEATH	м
4, SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	yrs. lest birthday)	IF UNDE	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					<u> </u>		IPLACE (State or Foreign	n
214-09-1591		1 🗆 M 2 🔀 F	79	YRS.	MONTHS		HOURS	MIN.	(Month, Day,		010	Countr		
94. FACILITY NAME (If not in	etitution also e	treat and number)			Oh CIT	Sept. 28,1910 Maryl								
			.1		90. (1)	96. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washingto								
Washington		Hospita	.1.		<u></u>	наде	ersto	wn			was	111116	,0011	
10a. STATE	10h. COUNT	1		10c. Cl	Y, TOWN OR LOCATION							10d. INSIDE CITY		
Maryland		ington			_	stow	_						LIMITS?	
	wasii	Ingcon		1	agei								1 X YES 2 NO	
10e. STREET AND NUMBER						101	1, ZIP COOE			8			WNAT COUNTRY?	
1171 Outer (Jircle						2174	U			USA			
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.	S. ARMED	13	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Spe	cify Yes o	r No-		E American Indian, k, White, etc.	
1 Never Married 2		IF YES, GIVE V			- 1		2 2 NO			otc.)		Speci	ffy:	
3 🔀 Widowed 4 🗌 Divo	rced											whit	te	
15. DEC	EDENT'S EOU highest grade	CATION COMPANY	10	6a. DECEDENT'S	S USUAL (DCCUPATIO	ON of worlds		16b. KIND	OF BUSIN	IESS/IND	JUSTRY		
Elementary/Secondary (0		College (1-4 or 5	+)	(Qive kind of life. Do NOT u	use retired.) during mo	JSE OF WORKIN	y						
12		0	·	time	ekeep	per			air	rcraf	it			
17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTA	TER'S NA	ME (First, Middle,	Melden Su	ımame)			
Charles F.									E. Pric					
19a, INFORMANT'S NAME (7)	in a (Christ)			T 405 MAIL 84	C 40005	00. (0)			Route Number, City	Town	Otente Ti	- 0-4-1		_
Gary W. Show				ROUTE	2 S	Boy	229	Smi	thsburg	y ur rown,	Tutte, ZIC	1783	,	
				1										
20a. METHOD OF DISPOSITI	ON n 3 □ Rem	oval from State	20b. Pi	ther plece)	SITION (A	vame of cer	metery, crem	latory or		20c. LOCA				
4 Donation 5 Other			_ Mt	. View	Ceme	etery	7			Shar	cpsb	urg,	Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	,				ND ADDRES							
500	94	M.		[]	l I	11 NN 1	ICH F	UNER	RAL HOME	₹			W1 017/	^
000	41		nne		_							_	Md. 21740	U
23. PART i. Enter the di	seases, or	complications the	et caused th	he death. Do	not anta	ar tha mo	oda of dyl	ng, suc	h as cardlec o	r respira	itory sn	rest,	Approximate interval Between	
IMMEDIATE CAUSE (Fir		List Only Ona Car	Dae Dil eaci	n nne.									Onset and De	
disease or condition				CVA									1100	
resulting in desth)		S. OUE TO	OR AS A C	ONSEQUENCE	OFI:								1 (22)	
	_												Ц	
Sequentisily list condit		bOUE TO	OR AS A C	ONSEQUENCE (OE):								_	
if any, leading to imme- ceuse. Enter UNDERLY			(0.1.10)		,.								İ	
CAUSE (Disesse or inju		C	100 AS A C	ONSEQUENCE (OE)		_						-	
that initiated events resulting in daeth) LAS	, I	OOE 10	(OR AS A C	ONSECOLICE (<i>J</i> r <i>j</i> .								j	
, , , , , , , , , , , , , , , , , , , ,		d											<u> </u>	
PART II. Other aignifica	nt condition	ns contributing to	death but	not resulting	in tha	underlylr	ng couse (alven in	Part I. 24a	WAS AN A	UTOPSY	24è	. WERE AUTOPSY FINDIN	NGS
									1	PERFORM	IED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	
		ut a					ni		10	YES 2	4 NO		OF DEATH?	~
AS	CVO	, Gen a	riter	rond	mon	4							1 YES 2 NO	
25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF D	EATH (Ch	heck only one)					
EXAMINER?		HOSPITAL:	ER/Outnet	lent 3 🗆 DOA	OTHE 4 N		me 6 TP-	aldence	6 Other (Spec	cffv)				
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TI		_	JURY AT		28d. OESCRIBE		JURY OC	CURED		_
	Pending	(Month, I	Day, Year)		YRULY	W	ORK?	T NO						
2 Accident	Investigation	20- 84427	OF IN It I'm	At here of				_ NO	200 1 2 2 2 2 2	I (Day	-1 84: - 1		Courte March	
3 Suicide 6 4 Homicide	Could not be detarmined	building	of INJURY — I, etc. (Specify)	Al home, farm	, street, fa	ictory, offic	CB		26f. LOCATION City or Tow	rn, State)	u Numbe	r or Hural i	HOURS NUMBER,	
- C HOUNCIDE	vergn milited													
29e. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best o	f my knowled	ige, death occu	rred at the	time, dat	e and place	, and dut	a to the cause(a)	and menn	er an str	rted.		
nnel .	ICAL EXAMIN	ER: On the besis of	examination s	and/or investigat	tion, in my	opinion,	death occur	red at the	time, date and p	place, and	due to t	he cause(s) and manner as stated	ıd.
		_												_
296. SIGNATURE AND TITLE	OF CERTIFIE		nett.	~~0			29c. LICI	ENSE NUI					D (Month, Day, Year)	
	15	VKI-TZ						يدر -	7 D 180	19		3 "	28-50	
30. NAME AND ADDRESS O														
	VASA	MT DA	TTA	Mp	7	334	M	(46	5-	MA	CE	RIT	come, w	9
													(
31. DATE FILED (Month, Duy,	Year)	32. BEGISTR	AR'S SIGNAT	TURE - Pandage										

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	Pag	di di	ner
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct he field within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burfal, cremation, or removal.	MEMORITANT. His 28 is marked or liter 23 shows any injury or other traumatic event, the medical examiner mi
ì	after	by the moval	cal
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ı	24	/ fille tion,	the
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	HYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the field within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burfal, cremation, or removal,	Pe.
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31. DATE FILEO (Month, Day, Your) AUG 31

Max E.

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WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRATES SIGNATURE

Julia Davidson

MD

	FOR 1 - STATE REGISTRAR	STATE OF MARY	CE		TMENT (MENTAL HYGIEN	E	90	27197	
71	1. DECEDENT'S NAME (First, Middle, Last) Edward	EDWARD 5	OSE	SHA	NK				2. DATE OF DEATH	Y	90	3. TIME OF DEATH 0140 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest		IF UNDER t	$\overline{}$	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)	-		PLACE (State or Foreign	
1	215-01-9872	1√2 M 2 □ F	86	YRS.	MONTHS E	DAYS	HOURS	MIN.	December 3	3.19		aryland	
	9e. FACILITY NAME (If not institution, give s				9b. CITY, TO	OWN O	R LOCATION				UNTY OF O		
8	Washington Count	v Hospital			H H	аре	rsto	wn		,	Washi	ngton	
-52	Washington Count												
DIRECTOR	100. STATE 10b. COUNT		ł		Y, TOWN OR							10d. INSIDE CITY LIMITS?	
	Maryland Wa	shington		V	Villia							1 X YES 2 NO	
FUNERAL	The state of the s	1				101.	ZIP CODE	0.5				HAT COUNTRY?	
N N	104 South Conocc						2179				U.S.A		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{ YE}	8 2 NO						IC ORIGIN? (Specify Yee i, Puerto Rican, etc.)	or No-	14. RACE Black	American Indien, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES 21		1 [YES	2 X NO	Specify:	:		Specifi	White	
	15. DECEDENT'S EDU	CATION	18e DEC	EDENT'S	USUAL OCC	LIBATIO	M		18b. KIND OF BUS	INESS/IN	IDUSTOV	·····	
	(Specify only highest grade	completed)	(Gh	e kind of	work done dur se retired.)	ing mos	sl of working		Total Killo Or Boo				
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)		Judg	70				Orphans	Cour	rt		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Juug	,,,		18. MOTHI	ER'S NAM	AE (First, Middle, Maiden				
	Hollyday Hic	cks Shan	ık					rude		len		ller	
BE	190. INFORMANT'S NAME (Type/Print)	LKS Dilai		MAILING	ADDRESS (Street a			loute Number, City or Town			TICL	
2	Elizabeth W. Sha	nk										rt, Md. 217	
	200. METHOD OF DISPOSITION												
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Riverview Cemetery 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Riverview Cemetery Williamsport, Wash., Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam St., Hagerstown, Md. 21740												
	23. PART I. Enter the disesses, or ahock, or heart failure.	complications that cause on List only one cause on	sed the dee n aach line.	th. Do	not anter th	na mo	da of dyln	ng, auch	aa cardiac or reapi	ratory a	rrest,	Approximate interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. probable	MULL S A CONSECU	OCE O	deal	in	fore	teo	ì			Onset and Death	
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR A:	S A CONSEC	UENCE O	F):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition - inchemic - fallecui - melastatic 25. WAS CASE REFERRED TO MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO PREFORMED? 1 YES 2 NO 1 YES 2 NO											
YSICI	EXAMINER?	HOSPIPAL:	Outpatient 2	□ po4	OTHER:				8 Other (Specify)				
ву рнуз	27. MANNER OF DEATH	28+. DATE OF INJUR	RY	28b. TIN	AE OF 2	Sc. INJ	URY AT		28d. DESCRIBE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Yea	17)	IN	JURY M	-	RK7 res 2	NO					
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S		ne, ferm,	street, factor	y, office	•		281. LOCATION (Street of City or Town, State)		per or Rural F	Route Number,	
COMPLET	cond only	ICIAN: To the best of my kn										e) end menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	N L					29c. LICE	NSE NUM	IBER	29d. D/	ATE SIGNED	(Month, Day, Year)	
m	Alll	nd .	MO				D3	25	18	•	8.21	990	
12	30. NAME AND ADDRESS OF PERSON WI								1 -		-0		

28 W. Potomac St., Williamsport, Md. 21795

- Pandace

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WITH	nplet	Cren	umatic event, the medical examiner m	
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He	等	ate D	8	
AN:	tifica	e St	1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
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ATT	ECT	rs at	n 2	١
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Frederick Least SEP 04'90

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	FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT ICATE					YGIEN EG. NO		0 (2719	8
!	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM HERSIE ST	EWART II							SEPTEM		AY 1	199(3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER 236-11-5825	5. SEX 6. / 1 M 2 F	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day	Year)	1962	Count	HPLACE (State or I	foreign		
OR	9a. FACILITY NAME (If not institution, give at THE JOHNS HOPKIN		28		96. CITY, BALT		R LOCATIO			/	9c. COU	INTY OF C		
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CIT	Y, TOWN O	R LOCAT	ION			10d. INSIDE CITY					
LDIE	Maryland Was]	Hager		VN				10. 017	PIZEN OF	1 TYES 2 K	NO		
ERA	Rt. 2 Box 94 A					101.	2174					S.A.	WHAT COUNTRY?	
BY FUNERAL DIR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowaga, 4 Divorced	VER IN U.S. ARM YES 2 NO OR DATES			f yes, spe		n, Mexica	NIC ORIGIN? (Sp in, Puerto Ricen ly:				_	llen,	
	15. DECEDENT'S EDU	CATION	16a. DECI	EDENT'S	USUAL O	CUPATIO	N .		16b. KIN	O OF BU	SINESS/IN	OUSTRY	White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12VYS •	College (1-4 or 5 +)			work done of se retired.) Drive		st of worldr	ng	Co	onst	ucti	on C	ompany	
NO.	17. FATHER'S NAME (First, Middle, Last)	-					18. MOTI	HER'S NA	ME (First, Middle					
BE (William H. St.	ewart	1			(0)			1 France					
2	Rachel F. Mellot	t				- 3110			stown,				740	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Ren 4 Donatton 5 Other (Specify)	noval from State	20b. PLACE O other place Stewa	(0)			netery, crem	natory or					own, Stata Vest Vir	ginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /		2503	22.	NAME AN	ID ADORE	SS OF FA	CILITY			•	oro Pik	
	Douglas A. Fi		las A.	Fil	55.64				Home				Marylan	đ
NO	23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. DUE TO (QR	AS A CONSECU	Pu	lm	ona asc	ry	E _V	nbolu	or resp	lratory si	rrest,	Approximination of the control of th	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The thind performation 4 days C. Due TO (OR AS A CONSEQUENCE OF): Bowe Scurgery 2 days.											up.		
N: MEDICAL	PART II. Other significant condition	na contributing to de	sth but not re	sulting	in the ur	derlying	g cause	given in		PERFO	N AUTOPSY RMED? 2 NO	24	b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 27. MANNER O DEATH Pancling	HOSPITAL: 1 Impatient 2 = El 28a. DATE OF IN. (Month, Day,	JURY	28b. TII	_	R: sing Hom 28c. INJ	URY AT	esidence	a Other (Sp. 28d. DESCRI)ser	CCURED	Johns H	opkin
TED BY	Accident Revealigation 3 Suicide & Could not be determined	28a. PLACE OF II building, etc	NJURY — At horn (Specify)								Numb Mariti	or Ales	I Route Mumber	
COMPLETED	(Crieda drilly	SICIAN: To the best of my					1 \V	pod ala	a special des	-			n(x) and manner as	stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	W.J	eue	1	~ 1	N	200 110	ENSE ME	1		294. DA	9-1	ed (Month, Days Was — 20	d
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Typ	e, Print)				150					

Johns Hopkins Hospital 600 N. Wolfe

32. REGISTRAR'S SIGNATURE

Julia Deviden Production

DHMH-16 Rev 1/89

Balto. M.d 21205

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPA CERTII	RTMENT	T OF H	EALTH AND I		YGIENE EG. NO.	90	27199
	1. DECEDENT'S NAME (First, Middle, Last)	Evelyn Lou	ise SAUM	[2. DATE OF D	DAY	-90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-10-3638	5. SEX 6. AGE	(In yrs. last birthday,	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day Sept.	y. Year)	C	HRTNPLACE (State or Foreign country) Maryland
OR.	9a. FACILITY NAME (If not institution, give str Washington Count	·	<u> </u>			R LOCATION OF DE	ATH		9c. COUNTY (of DEATH
RECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. C	TY, TOWN		amsport				10d. INSIDE CITY LIMITS?
JAL D	10e. STREET AND NUMBER	Washington		VV .		ZIP CODE				1 □ YES 2 NO OF WHAT COUNTRY? J.S.A.
BY FUNERAL DIRECTOR	2750 Virginia Av 11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO		If yes, spe	ENDENT OF HISPAN scify Cuben, Mexical 2000 Specify	IIC ORIGIN? (Sp n, Puerto Ricen		or No.— 14. I	RACE — American Indian, Black, White, etc.
	3 Nidowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT			DN st of working	18b. KIN	ID OF BUSIN	NESS/INDUST	white
COMPLETED	Elementary/Secondary (0-12) 0-10	College (1-4 or 5+)	ilfe. Do NOT	ical			I	paper	co.	
BE CO	17. FATHER'S NAME (First, Middle, Last) Calvin V.	Keyser				16. MOTNER'S NA	Me (First, Middle Mary			
10	198. INFORMANT'S NAME (Type/Print) Mrs. Mary C. Keys	ser Moore				nd Number or Rural P				yland 21702
	20a. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Remo		other place)			netery, crematory or Cemeter	v			or Town, State
	21. SIGNATURE OF FUREFAL SERVICE LIC	o. Oh im	now	22.	NAME AN	ID ADDRESS OF FA	CILITY Mi	nnich	Fune	
	23. PART I. Enter the diseeses, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	each line.	+ vl					atory arrest,	Approximate Interval Between Onset and Death
		DOL TO (ON MO	A CONSEGUENCE	Orj.				1		10000
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Hynnste	A CONSEQUENCE	OF): -/24		year or A	Ustos			Pylous
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF): -/24 OF):	· · ·					Pyens
AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF): -/24 OF):	· · ·		Part I. 24s	n. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE but not reaulting tipatient 3 DOA 28b. T	OF): OF): OF): OTHE OTHE A Nu	26. PI	g cause given in _ACE OF DEATH (Ch le 5 Residence URY AT PKK? YES 2 NO	Part I. 24a 1 [eck only one) 8 Other (Sp 28d, DESCRIII	n. WAS AN A PERFORM YES 2 VES 2 Decily) BE HOW IN.	JURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
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gruna Davidson-Handale

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a fine within 72 hours after death with the State Dead: of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF					MENTAL	HYGIEN	E 9	0 0	27200
	1. DECEDENT'S NAME (First		Frederi FRANKLIN		S	TOTE	LMYE	R		MONTH 8	31		YEAR	3. TIME OF DEATH 11:40 P M
	4. SOCIAL SECURITY NUME		5. SEX 1 🔼 M 2 🗌 F	6. AGE (In yi	75. (ast birthday) 55 YRS.	MONTHS	DAYS	HOURS	MIN.	Marc	Dey, Year)		Mar	yland
E	90. FACILITY NAME (# not in 445 Salem					9b. CITY			ON OF DI	EATH			INTY OF D	
DIRECTOR	RESIDENCE OF DEC	EDENT						gers	LOWII			We	151111	ngton
E S	Maryland	10b. COUNT	, Ishington			ry, town o agers								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER		.bittiigeoii		110	GCIS	-	ZIP COD	E			10g. CIT	IZEN OF N	WHAT COUNTRY?
FUNERAL	445 Sale	m Aver	nue					21	740			τ	J.S.A	
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES?	YES 2	2 NO		If yes, sp	ecity Cubi		in, Puerto R	? (Specify Yea lican, etc.)	or No—	14. RACI Black Spec	E — American Indian, k, White, etc. White
COMPLETED		EDENT'S EDU y highest grade)-12)			(Give kind of life. Do NOT	work done use retired.)	during mo	ON at of worki	ing	166.	KIND OF BUS	iness/in		
OME	17. FATHER'S NAME (First, M	liddle, Last)			labo	or		16. MOT	HER'S NA	ME (First, M	Iddle, Maiden		, .	
BE C	Lewis V	. Stot	elmyer								abeth	-	r	
5 B	19a. INFORMANT'S NAME		0. 1								er, City or Town		ip Code)	
-	Mr. Frankl				65 I					own, l	Maryla		2174	
	20a. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 5 Other		noval from State	Sn	nithsbu	irg C	rema	torv	matory or					Maryland
	21. SIGNATURE OF FUREIU		CENSEE	•	. 1	22.	NAME A	ND ADDRI	ESS OF FA	CILITY]				1 Home
	· Ocar	201	5.000	m	ch	4	15 E	ast	Wils	son B	lvd.,	Hage	rsto	wn, MD 21740
	23. PART I. Enter the deshock, or he iMMEDIATE CAUSE (Fidessee or condition resulting in death)	aart fallure.	s. Fatty	liver	n line. T		r tha mo	da of dy	/ing, suc	ch as card	lac or respi	iratory si	rrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequantielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inji that initiated events resulting in death) LAS	diate ING iry	DUE TO		DNSEOUENCE (
MEDICAL	PART II. Other significa	ant condition	ns contributing to	o death but	not resulting	in the u	nderlyin	g cause	givan in	Part I.	24a. WAS AN PERFOR 1X YES 2	RMED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
AN:	25. WAS CASE REFERRED	TO MEDICAL	1											
SICI	EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatio	ent 3 DOA	OTHE	R:			6 🗆 Other	,			
BY PHYSICIAN:	27. MANNER OF DEATH	Pending Investigation	26s. DATE O		28b. Ti		26c. IN.	IURY AT ORK? YES 2			CRIBE HOW I	NJURY O	CCURED	
	2 Accident 3 Suicide B Homicide	Could not be datermined	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm	, street, fac	ctory, offic	:0			ATION (Street or Town, State)		er or Rurai	Route Number,
COMPLET	const. XI		BICIAN: To the best of											(a) and menner as stated.
	200 SIGNATURE AND THE	че усипии	tn C					29c. LIC	CENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO BE	30. NAME AND ADDRESS O	F PERSON W	O COMPLETED CA	USE OF DEATH	H (ITEM 27) (Ty)	oe, Print)		(OCME			•	9-2	2-90
, 0		/	, Jr., M			11 P	enn	Stre	eet		Balt	imor	e, M	ID 21201
	31. DATE FILED (Month, Day			AR'S SIGNATI										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27201 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Cleo Katherine Strock 9 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAVS HOURS MIN 1 🗌 M 2 🖵 F 220-74-8435 908 Funkstown, Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH e COUNTY DIRECTOR Washington County Hospital Hagerstown Washington 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? Maryland Williamsport YES 2 NO Washington FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2750 Virginia Avenue 21795 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 √ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Merried 1 TYES 2 THO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 듇 BE Unknown Fleanora Working) Pohle)

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) notified 19e. INFORMANT'S NAME (Type/Print) 2 Richard A. 19145 Dowden Circle Poolesville 20837 Md e 20c. LOCATION --- City or Town, State 20e. METHOD OF DISPOSITION
1 State | 2 Cremetion | 3 Removal from State | 4 Donation | 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Rest Haven Cemetery
22. NAME AND ADDRESS OF FACILITY Hagerstown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Minnich Funeral Home Kolent Bl 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reaplratory street, 0 415 E. Wilson Blvd medical Approximate shock, or hasrt feliure. List only one cause on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel the disesse or condition A cute heroconduce 32 resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): DeterroreCentic Lean T De other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 In uny, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Buseaux marked, or item 23 shows any heur eve 1 TYES 2 100 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: t YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending м 1 YES 2 NO ΒY 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be determined item 28 is COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Armoulile 9-10-80 my ? DOTEES 9

whice Davidson- Mandall

JR.

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHNHIHORN BAKER

31, DATE FILED (Month, Day, Year)

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	FOR STATE REGISTRAR		STATE OF N	MARYLAN				IEALTH AND I	MENTAL HYGIEN REG. NO	E 9	27202
	1. DECEDENT'S NAME (FIRST	t, Middle, Last)	Sto	ne U	lysses	Gar1	and.	Stone	2. DATE OF DEATH DO SEDT 9	AY Y	3. TIME OF DEATH 1:50 PM M
	4. SOCIAL SECURITY NUM 219-20-123		5. SEX 1 1 M 2 F	8. AGE (In yr	s. last birthda	y) IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Clay, Year)	6 Wa	BIRTHPLACE (State or Foreign Country) IShington, Co.
ŀ	9a. FACILITY NAME (If not in		41	64		96. CITY	, TOWN	OR LOCATION OF DI	TIPL V	9c. COUNTY	
5	Washington	Count	v Hospita	a1		Нас	erst	OFT		Mochá	m = 4 =
5	RESIDENCE OF DEC	10b. COUNT			I an a	TY, TOWN				LWASHI	ngton
UNECTOR	Maryland				0.755						10d. INSIDE CITY LIMITS? 1- YES 2 NO
	10e. STREET AND NUMBER					agers		I. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
EHAL	447 W. Ant	ietam	Street					21740		USA	
5	11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDEN FORCES? 1		S. ARMEO				HC ORIGIN? (Specify Yar in, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc.
2	3 Widowed 4 Dive		IF YES, GIVE V	VAR OR DATES	s ^A			2 NO Specif			Specify: white
		CEDENT'S EDU ly highest grade		16	e. DECEDENT	of work door.	CCUPATE during me	ON ost of working	18b. KIND OF BUS	SINESS/INDUS	TRY
4	Elementary/Secondary (0-12)	College (1-4 or 5	. 1	IIIa. Do NOI	use retired.)					
COMPLETED	17. FATHER'S NAME (First, A	Aiddle, Last)	0		Ponds	man		18. MOTHER'S NA	ME (First, Middle, Maiden		
i C	Ulysses Gr		one					Susan	Nora Burra	11	
0 8	19a. INFORMANT'S NAME (Type/Print)			19b, MAILI	NG ADDRES	S (Street	and Number or Rural	Floute Number, City or Tow	n, State, Zip Co	cle)
-	Helen Ston								lagerstown,		
	20a, METHOD OF DISPOSIT	on 3 🗆 Rem	oval from Stata	oti	her place)		ame of ce	metery, crematory or	i.		or Town, State
	4 Donation 5 Other		CENSEE	_ Kes	t Hav		NAME A	ND ADDRESS OF FA		rstown	, Md.
	b (2.0.	-07	30	1.			MINN	ICH FUNE	RAL HOME		wn, Md.21740
	23. PART I. Enter the deshock, or himmediate CAUSE (Fi disease or condition resulting in death)	nasrt fallure.	List only one can		tury	Fa	tha mo	and a of dying, such	the same cardiac or resp	iratory errest	Approximate interval Between Onset end Death
CERTIFICATION	Sequentially list condi- if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diete ING ury	c. Pue To	(OR AS A CO	INSEQUENCE	: oh):	y t	tive Pu	cobe re	Dusia	542) -18
MEDICAL	PART II. Other signification of the same o	3 e Lavo	1	-210-	not resultin	_	eret	g ceuse given in Ono Vala	DEDUCA	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N. N.	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL						LACE OF DEATH (C)	neck only one)		I
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatie	int 3 🗆 DOA	OTHE Nu		ne 5 🗆 Residence	8 - Other (Specify)		
5	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. 1	TIME OF	W	JURY AT ORK?	28d, OEŞCRIBE HOW	INJURY OCCUP	RED
2	2 Accident	Investigation	28a, PLACE (OF INJURY —	At home ferr	m street fac		YES 2 NO	28f. LOCATION (Street	and Number or	Rural Bruta Number
ובח	3 Sulcide 8 4 Homicide	Could not be determined		, atc. (Specify)		.,			City or Town, State		rore Found Warmon,
COMPLEIED	onel			1					to the cause(s) and ma		ause(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE			-	م	- m	5	29c. LICENSE NU	MBER 14262	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS O	Fend	er W.	SE OF DEATH	38E	ype, Print)	rel	tan St	. Augerst	howst	WD 21740
	31. DATE 1 D 440/19. 9	Ŏ ^{ar)}	32 REGISTR	AR'S SIGNATU	JRE						
		_	N	~14002-	Jana Be						

BALTIMORE, MARYLAND 21203-3146	age 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the bunial-transit permit. Pages 1,	ir must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DECEDENT'S NAME (First, Middle,	Lest)			ICATE OF	22711	- 1	2. DATE OF DEA	i. NO.			3. TIME	E OF OEA	TH
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John H.	Smith				I	Ella	М.		Hay	es_			
n. INFORMANT'B NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street	and Number or	Rural Ro	ute Number, City	or Town, St	tete, Zip (Code)			
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D (8019 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VASANT DATTA MD 334 MILL ST VASANT DATTA

334

MO

MAKERS TOWN, MO 21740

32, REGISTRARYS SIGNATURE THE DAMAGEN - MONDER

9, 11,50

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mmonths than 28 the about on the fault and Member print to burial, cremation, or removal.

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3 Suicide 8 Could not be determined 268. PLACE OF INSURY At home, farm, street, factory, ornes City or Youn, State) City or Youn, State) 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 29a. SERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as a second of the cause(e) end menner as a			0.00	- 140000		М			□ NO					
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MARIO F. GOLLE, JR.,MD/ 111 Penn Street, Baltimore, MD 21201	and and and and and and and and and and	7-		11 11/	20	D (4)		1						

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be i
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SEP 17 '90

FOR STATE REGISTRAR		MARYLAND / DE CERT	FIFICATE OF		REG. NO		90	tion I time of
1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	DAY	PEAR	3. TIME OF DEATH
Clifford					9 12	1	990	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHI	PLACE (State or Foreign
231-36-9086	1 M 2 - F	61 Y	RS.	Wills.		1929	Burd	ine, Ky.
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	JNTY OF OE	ATH
68 Redwood Driv			Hagers	stown		W	ashin	gton
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN			c, CITY, TOWN OR LOC					0
			E. CITY, TOWN ON LOC	ATION				10d. INSIDE CITY LIMITS?
Maryland W	lashingto	n	Hagersto			Tio or		1 YES 2 NO
106. STREET AND NUMBER				IOI. ZIP CODE				HAT COUNTRY?
68 Redwood Drive	_			21740			S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMEO			NIC ORIGIN? (Specify Ye en, Puerlo Ricen, etc.)	a or No-	Black	- American Indian, While, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	1 🗆 YE	Specific Spe	fy:		Specif	hite
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(Specify only highest grad	de completed)	(Give kii	nd of work done during r NOT use retired.)		IOD. KIND OF BU	MISCONIES	DOGINI	
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7 FATHER'S NAME (First, Middle, Last)	- 0	Cons	truction l		Constru		n Kus	iness
Henry Cliffor	d Chamtt							
19a. INFORMANT'S NAME (Type/Print)	u Shortt	10h 244	II ING ADDRESS /C		ood Wright Route Number, City or Tox		In Corta	
								017/0
Ruth M. Shortt		The state of the s	KEDWOOD DI		gerstown,			
1 Secretaria 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)					- City or To	
4 ₹ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		Ros	e Hill Cer	netern	I Waa			
21. SIGNATURE OF FUNERAL SERVICE I					Inag	erst	own,	Md.
1-	JCENSEE	-1	22. NAME	ANO ADDRESS OF F	Minnich	Fun	eral	Home
· Scotts M.	Min	ind	22. NAME	ANO ADDRESS OF F	on Blvd.	Fun	eral	Home
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32. REGISTRAR'S SIGNATURE Julia Tavidson Bandose

DHMH-18 Rev 1/89

marked the state

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR			(CERTIF	ICATE	OF	DEAT	TH	MENT	REG. NO		90		
1. DECEDENT'S NAME (First, My		sella S	PRECHE	R					MON	t. 15,	1990	YEAR	3, TIME OF DEATH	
4. SOCIAL SECURITY NUME	ER 8	S. SEX	B. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		6. BIRTI	IPLACE (State or Foreign	
214-09-453	7 1	□ M 2 🔀 F	9	3 YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	. 17,	1897	Mai	ryland	
9a. FACILITY NAME (If not in	stitution, give stree	et and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DI			9c. COU	NTY OF E	DEATH	
516 West	Howard	Street			На	gers	town				Wa	shir	ngton	
RESIDENCE OF DEC		501000				801	, 00 111				.600			
10a. STATE	10b. COUNTY				Y, TOWN E								10d. INSIDE CITY LIMITS?	
Maryland	Wa	shingto	on	Ha	agers	town	1			1 X YES 2				
10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
516 West	Howard	Street					217	40			t	J.S.A	1.	
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XI IF YES, GIVE WAR OR DATES											a or No—	Blec	E — American Indian, k, Whita, etc.	
15. DEC (Specify onl Elementary/Secondary (C 0-8	EDENT'S EDUCAT highest grade co	TION mpleted) College (1-4 or 5	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION White kind of work done during most of working DO NOT use retired.) OSIETY mender					hos	iery	DUSTRY			
17. FATHER'S NAME (First, M	Iddio Last)			HODIC.	- J IIIC	. II d C .		JED'S NA	ME (Class	Middle, Maider			-	
Jan		owman					10. MUII			ie Sca				
19a, INFORMANT'S NAME (Willall	1	106 MAII IAII	Annes	P /Dansa -	and Alexandr	-		mber, City or Tov		n Code		
Mr. Paul E.		or											awaland or	
			201 77 0						eet,				aryland 21	
20a METHOD OF DISPOSIT		el from State	othe	CE OF DISPO				natory or			CATION -			
4 Donation 5 Other 21. SIGNATURE of FUNCTA			St	Paul's									g, Marylan	
> Sca	HD	03	inne	de						Minnic Blvd.,			own, MD 21	
Sequentielly list condition resulting in death) Sequentielly list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diete NG ry c.	DUE TO	O (OR AS A CON	ISEQUENCE C	OF):	cute	elit	pa hea.	in CA	eal ; V	5		ser de	
PART II. Other significations of the Traly	e (nha	Contributing to	deeth but n	SHO	in the u	nderlyin	cause (given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	241	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	1	HOSPITAL:	☐ ER/Outpetien	r. 3 □ DOA	OTHE 4 Nu	R:	ACE OF O			one)her (Specify)				
27. MANNER OF DEATH 1 Netural 6 2 Accident	Pending Investigation	28s. OATE O (Month,	F INJURY Day, Year)	26b. TH		26c. INJ WC				ESCRIBE HOW	INJURY O	CUREO		
9 Distolds	Could not be determined	28e, PLACE building	DF INJURY — A i, etc. (Specify)	t home, ferm,	street, fac	tory, offic				CATION (Street ty or Town, State		or Rural	Route Number,	
2001		AN: To the best of											(a) and manner as state	
296. SIGNATURE AND TITLE		SW	Ma	/			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)	
30. NAME AND ADDRESS D	NG, M	No 10	DEATH	(ITEM 27) (Typ	e, Print)	H.	78-5	5/00	UN	Md.	21	940)	
SFP 1 8 '0	n	910. 1]	-				1				1		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN		-27207				
	1. DECEDENT'S NAME (First, Middle, Last)	LILLIE ELIZ		ADDEN			5 3	1 4:22 en				
	4. SOCIAL SECURITY NUMBER 5.			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign				
	213-24-8034	□ M 2 🟋 88	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAR 1 19		country) rvland				
1	Se. FACILITY NAME (If not institution, give street			96. CITY, TOWN C	R LOCATION OF DE			COUNTY OF DEATH				
ECI OH	Washington County	Hospital		Hagerst	own		Wash	ington				
DIREC	MD Washin	gton	7777	agersto			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER Rt. 2 Box 112	.7		101	ZIP CODE 21740			SA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yea, sp		IIC ORIGIN? (Specify Yen, Puarlo Ricen, etc.)	a or No — 14.	RACE — American Indian, Black, Whita, etc. Specify: White				
ETED	15. DECEDENT'S EDUCAT		16a. DECEDENT'S U			16b. KIND OF BU	SINESS/INDUST					
<u> </u>	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during mo retired.)	it or working							
MP	-		Aide			Hospi	tal					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Sumame)					
BE	Elmer Slick					y Showe						
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox						
	Helen Griffith					insburg. V						
1 Buriel 2 Cremetton 3 Removal from State other place)												
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE Beavercreek Cemetery Hagerstown, Md 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home											
	· Orohuld	Parelin						wn, Md 21740				
	23. PART I. Entar tha diseases, or comshock, or heart failure. Lia iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Cardiac	Arr	est			piretory erreat	Approximate interval Between Onset and Death				
NO	Sequentially liet conditions, Due TO OR AS A CONSEQUENCE OF:											
Ĭ.	If any, leading to immediate cause. Enter UNDERLYING	Anterio	EC Leve	C.	sope.	1201		j				
ERTIFICATION	CAUSE (Disease or injury that initiated evants resulting in death) LAST											
CALC	PART II. Other aignificent conditions of	contributing to deeth bu	t not resulting in	the underlyin	g ceuse given in	00000	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDICA						1 _ YES	2 NO	OF DEATH?				
=												
Z Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)						
ž I		☐ Inpatient 2 ☐ ER/Outpa		OTHER: 4 Nursing Hon	e 5 🗆 Residence	8 Other (Specify)	ECF					
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	26d, DESCRIBE HOW	INJURY OCCUP	RED				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY - building, atc. (Speci	— At home, farm, st			28f. LOCATION (Street City or Town, State		Rural Route Number,				
ETE	4 Homicide detarmined							1				
COMPLETED	29a. CERTIFIER Check only 2 MEDICAL EXAMINER:							cause(a) and menner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	F. O.			29c. LICENSE NUI	WBER	29d. DATE S	HIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Type	Print) .	W 0 C	1267	1 (0661140				
	Wm N. Fende	, W. D 1	3e E. A	mtlet	my St.	Idag ers fo	un n	(8) 21740				
	31. DATE FILED (Month, Day, Year) SEP 18'90	32. REGISTRAR'S SIGNA Fulia Davidson	TURE Pandell									

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

)	1. DECEDENT'S NAME (First,		1					-	2. DATE OF DE	ATN DAY	,	YEAR	3. TIME OF DEATN	
		4. SOCIAL SECURITY NUMBER	San	d 9						9	15)	90	10:30 Pm	
PI				5. SEX 1		rs. last birthday) YRS.	MONTHS D	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	_	Country		
		218-30-8737		Λ	83	1110.	9b. CITY TO	WN OR	LOCATION OF DE	Dec.15	,190		Brun NTY OF DI	swick, Md.	
6 0	H	Washingto		,	tal				stown	AIII	- 1		hing		
1, 2,	-Sc	RESIDENCE OF DEC													
Pages	DIRECTOR	Maryland	10b. COUNT	shingto	51		y, town on i hrersy							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ırmit.		10e. STREET AND NUMBER	440	sningi	- N			_	ZIP CODE			10g. CIT	ZEN OF W	/HAT COUNTRY?	
sit pe	ERA	4261 Main	St.						21779			U	. s.	Α.	
physician. burial-transit permit. Pages 1, 2,	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED				NIC ORIGIN? (Specify Yea or No				— American Indian,	
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran moval.	ВУ	1 Never Married 2 3 Widowed 4 Divo	Married	IF YES, GIVE W	AR OR DATE	5	1 [YES 2 X NO Specify:					White		
al or atter for use a	ETED		EDENT'S EDU y highest grade		16	Give kind of life. Do NOT u	work done duri	IPATION ng most	of working	16b. KIND	OF BUSI	NESS/IN	DUSTRY		
oital o	PLE	Elementary/Secondary (6	3-12)	College (1-4 or 5 -	+)	Homema	,			Osuzi	n Ho	me			
the hospit detached once.	COMPL	17. FATNER'S NAME (First, M	liddle, Last)			HORICINA	16. MOTHER'S NAME (First, A								
be d	В	Roy Gram	S						Ca	rrie H	ıtz				
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and	Number or Rural Route Number, City or Town, State, Zip Code)						
y be ret age 5 s	۴	Doris M. I						phrersville School Rd., Rohrersvill							
ector, pa		20a; METHOD OF DISPOSIT	on 3 🗆 Ram	oval from State	ot	ACE OF DISPOSITION (Name of cemetery, cremetory or reprince) TK Heights Cemetery Brunswick, M.									
direct direct		4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSEE A A	- Par	ck Heig			ADDRESS OF FA	CILITY					
death. Page 6 may be tuneral director, page I.			John	13 Deep	þ									ro Pike	
after d by the smoval.		John H. 23. PART I. Enter the d		Jr.	t coursed th	na death Do								aryland 2171	
within 2 curs pletely filled in t cremation, or re-			eart fallure.	List only one cer	TES		Hear	3/	Tarle	I Story	>			Interval Between Onset end Deeth	
he death certificate be executed the attending physician and com Mental Hygiene prior to burial, i njury, or other traumatic ev	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE #O (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
the deat the att d Menta injury,		PART II. Other algoritic	ent condition	na contributing to	death but	not reaulting	In the unde	rlying	cause given in	Part I. 24a.	WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
- > 0 -	MEDICAL					-					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
sign Heal	밀													OF DEATH? 1 YES 2 NO	
law recias beer Dept. of 23 sh	ž														
V: The I cate ha State D	SICIAN	25. WAS CASE REFERRED EXAMINER?	DO MEDICAL	HOSPITAL:			OTHER:	26, PL/	ACE OF OEATH (Ch	eck only one)					
CIAN:	PHYS	1 YES 2 NO		1 Inpetient 2		ent 3 DOA		g Home	5 Residence	6 Other (Spe 28d, OESCRIB		LIURY OC	CUBED		
ifter this ceath with marked,		1 Netural 5	Pending trivestigation	(Month, L			JURY	WOF							
3 Suicide 5 Could per be determined 5 Homicide 5 Could per be determined									261. LOCATION City or Tox	(Street a	nd Numbe	er or Rural	Route Number,		
	COMPLET	29a. CERTIFIER	TIFYING PHYS	SICIAN: To the best o	f my knowled	iga, dasth occur	red at the tim	o, data a	and place, and due	to the cause(a)	and man	ner as st	eted.		
HOSPITAL FUNERAL WITHIN 72 P	OM	onel	DICAL EXAMIN	ER: On the basis of a	examination a	nd/or investigati	on, in my opi	nion, da	ath occured at the	time, data and	place, and	d dua to t	the cause(s) and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	8	29h SHEATURE AND TITLE	E OF CENTIFIE	W M	D				25 LICENSE NU	MBER		29d. DA	TE SIGNED	(Morth, Day, Year)	
	10	30. NAME AND ADDRESS OF	Mell	TRUM	13	180) /IT	16	Pevala	und d	Jan	M	Jeen	AF MA	
		SEP 1	3 '90	32. REGISTA	AR'S SIGNAT	une Pand	102				/			11/8	

3	FUNER	within
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	1 - STATE REGISTRAR	CERTIF	ICATE C	OF DEATH	REG. NO					
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH D	AY YEAT	3. TIME OF DEATH			
i	Ann Marie L.	Stonn	e11		Sept. 1		0 12:25 P.M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (In yrs. lest birthdey)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. Bil	RTHPLACE (State or Foreign puntry)			
	138-22-5460 1□ № 2 🖾 🕫	62 YRS.	MONTHS DA	YS HOURS MIN.	03 24 28		rth Carolin			
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF O		9c. COUNTY O	F OEATH			
	Memorial Hospital		Easton Talbot							
	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR L	OCATION		10d. INSIDE CITY LIMITS?				
	MD Talbot	Ea	ston			1 ☐ YES 2 🔀 NO				
CINETAL	10e. STREET AND NUMBER 426 Pin Oak Way			101. ZIP COOE 21601		10g. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMEO	13. WAS	DECENOENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No 14. R	IACE American Indian,			
		YES 2 NO	2 ⊠NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, of							
	15, OECEOENT'S EOUCATION	16a. OECEOENT'S	S USUAL OCCU	PATION	SINESS/INOUSTR					
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done durir use retired.)	g most of working						
	12	secre	tary		elect	ronics				
TIMO.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malder	Sumame)				
7	Allen Leslie Larrimore	Э		Glenn	a Hoffman	n				
1	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	reet and Number or Rural	Route Number, City or Tox	vn, State, Zip Code)				
2	1601									
1	20a. METHOO OF OISPOSITION 9/14/90 1 M Burial 2 Cremetton 3 Removat from State	20b. PLACE OF OISPO	Pin Oak Way, Easton, MD 21601 SITION (Name of complex), cremetory or 20c. LOCATION — City or Town, State							
	1 🔀 Burial 2 🗆 Cremetton 3 🗔 Ramovat from State 4 🗆 Donetion 8 🗀 Other (Specify)	xford.	Maryland							
-1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			E ANO AOORESS OF FA	CILITY					
- 1	1 3 3 05			wnam Fun		€				
┥	23. PART I. Enter the disesses, or complications that	RLERON		ston, Ma		1	Approximate			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OR AS A CONSEQUENCE OF	u clas calcasis Emplyona, Wareumania							
	resulting in death) LAST									
3	PART II. Other significent conditions contributing to d	leeth but not resulting	In the unde	riying cause given ir	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
5	Margilla				PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
3	00	N.			1 123	2 Muo	OF CEATH?			
HISICIAN: ME				· · · · · ·	_					
3	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)					
2	EXAMINER? 1 YES 2 NO 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1	ER/Outpetlant 3 🗆 DOA	OTHER:	Home 5 - Residence	8 Other (Specific)					
É	27. MANNER OF OEATH 28a. OATE OF II			c. INJURY AT	28d, OESCRIBE HOW	INJURY OCCURE	0			
-	1 Natural 5 Pending (Month, Day	r, Year) th	NJURY M	WORK?						
0		INJURY At home, ferm	, street, factory	office	28f. LOCATION (Street		ural Route Number,			
3	4 Homicide determined	tc. (Specify)			City or Town, State	b)				
COMPLE	29a. CERTIFIER 1 TO CERTIFYING DHYSICIAN: To the heat of a	ny kaominina desth com	read at the time	data and place, and du	a to the assessed and m	const or stated				
2	(Check only one) 2 MEOICAL EXAMINER: On the best of m						use(s) and manner as stated.			
		11.11					e-e-order entire alto-c-e-orte			
0 00	296. SIGNATURE AND TITLE OF CONTINUES	- Mll		D145		► Q	IZ 9 6			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE PGRECG HODES	IP 503]	DUTCH	MANSL	BEUR	15701	10915 d.M. C			
	31. DATE FILEO (Month, Dev. 16er) 32. REGISTRAN	SIGNATURE	908		,	-				

		FOR STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H		MENTAL HYGIEN REG. NO.	E 90	27210		
		1. DECEDENT'S NAME (First, Middle, Last)	Samuel Studd		Stratton	7	2. DATE OF DEATH O	13/90	3. TIME OF DEATH		
D		4. SOCIAL SECURITY NUMBER 126-01-3559	5. SEX 6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 27, 19	4.8	IRTHPLACE (State or Foreign ountry)		
Shoot		9a. FACILITY NAME (If not institution, give str				R LOCATION OF DE		9c. COUNTY			
. 2, 3	СТОВ	Shady Grove Adver	ntist Hosp.		Rockvil	le		Montgomery			
40 physician. burial-transit permit. Pages 1,	DIREC	MD Montgo	mary	10c. CIT Bet	Y, TOWN OR LOCATI	ION		10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
permit.		10e. STREET AND NUMBER	Jine Ly	Dec	101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ian. transit	FUNERAL	8005 Hamilton Spi	ing Rd. 12. WAS DECEDENT EVER IN U.S	ARMED		0817	IC ORIGIN? (Specify Yes		U.S.A.		
AND ALKOS-3140 the hospital or attending physician, detached for use as the burial-tran once.	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TO YES 2 IF YES, GIVE WAR OR DATES WW II - Korea	□NO	It yes, spe		n, Puerto Ricen, atc.)		r No- 14. RACE American Indian, Black, White, etc. Specify: White		
al or attend for use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION 164 completed)	. DECEDENT'S	USUAL OCCUPATIO work done during mos		16b. KIND OF BU				
ospital or thed for	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 ±	Congre			U.S.	Gov't			
by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				14.5	ME (First, Middle, Meiden Irene Russ				
ped pinc	BE	Paul Stratton 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		9)		
2 2 2	5	Joan Stratton		1	as item						
after death. Page 6 may be after death. Page 6 may be noval. cal examiner must be re		20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation \$ Other (Specify)	over from State oth	ner place)	Nat'1.			r1. VA	or Town, State		
ALLIMONE death. Page 6 mi funeral director,		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ID ADDRESS OF FA					
the fun the fun oval.	Щ	tenny /	Fren		5130	WI Ave.	NW Wash.,	DC 200			
d in b		23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final	omplications that caused the List only one cause on each	ilne.	not enter the mo	de of dying, suci	h es cardiac or resp	iratory arrest,	Approximate interval Batween Onset and Daath		
within 24-mo		disease or condition resulting in death)	Car	dioc	Our	Ty	h mia				
\$ 5 5 5 6	_		DUE TO (OR AS A CO	NSEQUENCE O							
be execut ician and c rior to burit traumatic	ERTIFICATION	Sequentially liet conditione, if eny, leading to immediate	DUE TO (OR AS A CO				-				
tificate be g physician lene prior t	IFIC/	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE C	PF):						
o, r.C. DO, he death certificate the attending physical Mental Hygiene prijury, or other the	CERT	resulting in death) LAST	d								
三 なまま	4	PART ii. Other aignificant condition	s contributing to deeth but r	not reaulting	in the underlying	g csuae given in	Part I. 24a. WAS AN PERFO	1100 120-00	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
law requires that the as been signed by Pept. of Health and 23 shows any It	MEDICA						1 _ YES :	2 🗌 NO	OF DEATH?		
w red s been pt. of sh	N. A										
E 8 8 7	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	nt 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch	6 C Other (Specify)				
PHYSIC this cer with th	ву рну	27. MANNER OF OEATH 1 Netural 8 Pending Investigation	20a. OATE OF INJURY (Month, Day, Year)	26b. TII	JURY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
TTENDI TTENDI TTOR: A after de		2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offic	•	26t, LOCATION (Street City or Town, State		lural Route Number,		
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	COMPLETE	CONSUM ONLY	CIAN: To the best of my knowledg R: On the basis of exemination ar						use(s) and manner as stated.		
THE FU THE FU filed will	BE	296. SIGNATURE AND TITLE OF CERTIFIE	a-ber	1	50	29c. LICENSE NUI	8546	29d. DATE SI	GNEO (Morith, Day, Year)		
15-11	٩	30. NAME AND ADDRESS OF PERSON WH		(ITEM 27) (Typ				(30)	FASAA ME		
12.41		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	JRE -	3218	6712	CONSI	N 1	200		
		SEP 17 '90	Julia Davidson	-Randell	2,						

executed within 24 hours after death. Page 6 may be retained by the hospital or attending	and completely filled in by the funeral director, page 5 should be detached for use as the o burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N					EALTH ANI DEATH	D ME	NTAL HYGIEN REG. NO		0	61611
	1. DECEDENT'S NAME (First, Middle, Last)			9.7				. 2.	DATE OF DEATH		YEAR 3.	TIME OF DEATH
	15 PAE	I s. sex					ARI	-	8-53	90		(
	101-22-2648	5. SEX 1 Ty M 2 TF	8. AGE (In yrs. les	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS HOURS MIN	S. 7.	OATE OF BIRTH (Month, Day, Year)	22 1	Country)	New York Ci New York Ci W York
	9a. FACILITY NAME (If not institution, give a	1 1		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY								
OR O	613 Denham Roa	ıd			Rock	vil	le, Man	ry1	and	Mont	gome	ry
[בַּ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c, CIT	y, TOWN OF							d, INSIDE CITY
DIRECTOR	Tenantial Control	omery			LIMITS?							
AL	10e. STREET AND NUMBER	Oliciy		1 110	TOCKVIILE 10g. CITIZEN OF WHAT							
FUNERAL	613 Denham Road						2085	1			U.S.	Α.
5	11. MARITAL STATUS 1 Nover Married 2 Married		YES 2 K		11	yes, spe	city Cuben, Mer	xicen, P	ORIGIN? (Specify Yes tuerto Rican, atc.)	or No—	14. RACE — Black, W	American Indian, fhite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES	DATES 1 N YES 2 □ NO Specify:						Specify:	White	
ED	15. DECEDENT'S EDU (Specify only highest grade		16a, DE	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BU	SINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +	A A A A A A A A A A A A A A A A A A A	. Do NOT us	se retired.)		a di monany					- 1
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)			Manager - Book Store Private 18. MOTHER'S NAME (First, Middle, Melden Surname)						5		
	The second of th											
BE (Adolph Steingart Maria 19a. INFORMANT'S NAME (Type/Print) 19b. MAJILING ADDRESS (Street and Number or Paral Route Num										Code)	
2	Scott Foster (nephew) 1305 North Orange St. Wilmington, Delaware 19801											
	20s. METHOD OF DISPOSITION 1 Burlal 2 \(\frac{1}{2} \) Cremetton 3 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Cremetton 3 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Cremetton 3 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Cremetton 3 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 3 \(\frac{1}{2} \) Removal from State 2 \(\frac{1}{2} \) Removal from State 3 \(\frac{1}{2} \											
	4 Donation 5 Other (Specify) Suburban Crematory Silver Spring, M.D.											
		Danzansky/Goldberg Memorial Chapels 20852										
_	ranh (170	ne		_							-
	23. PART I. Enter the diseases, or ahock, or heart failure.				not enter	the mo	ae or ayıng, ı	sucn a	s cardiac or reep	eretory arre	est,	Approximate Interval Between
												Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
N	disease or condition resulting in death) Due to (or As a consequence of): Due to (or As a consequence of): Sequentially list conditions.											
ATIC	Sequentially nat contantone, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate											
FIC	CAUSE (Disease or injury that initiated events	CAUSE (Disease or Injury										
CERTIFICATION	resulting in death) LAST											
CE	PART II. Other algorificant condition	ns contributing to	death but not	resulting	in the un	derlying	cause given	n in Pa	rt I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
ICAL									PERFO		0	MILABLE PRIOR TO OMPLETION OF CAUSE
MED									_	10	- 1	F DEATH?
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH	(Check	only one)			
PHYSICIAN:	27, MANNEB OF DEATH	1 Inpetient 2		3 🗆 DOA 28b. TR		ing Hom 28c. INJ			Other (Specify)	IN HIRW OCC	MIDEO	
	Natural 5 Pending	(Month, E		IN.	UURY M	WO	PRK?		8d. DESCRIBE HOW	INJUHT OCC	JUNEU	
BY	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At h	ome, farm,	street, facto				6f. LOCATION (Street		or Rural Rou	te Number,
TED	4 Homicide determined	Donomy,	etc. (Specify)						City or Town, State	,		
COMPLET	TOTAL OTTY	SICIAN: To the best of	my knowledge, d	leath occur	red at the ti	me, date	and place, and	due to	the cause(s) and ma	inner as stat	ed.	
₩O.	one) 2 MEDICAL EXAMIN	ER: On the basis of e	manination and/or	investigati	ion, in my o	pinion, d	leath occured at	t the tin	ne, dats and place, a	nd due to th	e cause(a) a	nd manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	29b. SIGNATURE AND TITLE OF CERTIFIER						NUMB	R	29d. DATE	E SIGNED (A	forith, Day, Year)
TO B	9250g		are	2	0.1.7		208	. >	46	1 2	5	-2-90
	30. NAME AND ADDRESS OF PERSON W	HU COMPLETED CAU							015	De	4 - 0	0 - 120
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	181	چ، بھ	<u>_0</u>	NECK	7	AVE	Car /	1000	00 1.CX.
	AUG 27 '90	Gul		Pano	1000							

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END)R: A	ter d	20
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L OR	DIREC.	hours a	Item 2
SPITAL OR	IERAL DIREC	in 72 hours a	IT: If Item 2
HOSPITAL OR	FUNERAL DIREC	within 72 hours a	TTANT: If Item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc

	1 - FOR STATE OF MARY!		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	90	27212			
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY		. TIME OF DEATH					
	HELEN S. SHARTZER			09 16	9 16 90 1915 PM				
		M	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	onth, Day, Year) Country)				
	216-44-2957 1□ M 2 💥 F 82	YRS.		1	0	nessee			
00	SHADY GROVE ADVENTIST HO		b. CITY, TOWN OR LOCATION OF D	EATH	MONTGOA				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		TOWN OR LOCATION		MUNIQUE	TERY			
IRE		0d. INSIDE CITY LIMITS?							
FUNERAL DIRECTOR	MD Montgomery	Che	tyy Chase	1	1 ☑ YES 2 ☐ NO				
RA	2623 Colston Drive		20815		U. S. A.				
CNE	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA		or No- 14. RACE -	- American Indian.			
YF	1 Never Married 2 Married FORCES? 1 YES	2 X NO	if yes, specify Cuban, Mexic 1 ☐ YES 2 ☐ NO Speci	an, Puerlo Rican, etc.)	Black, Specify:	White, etc.			
D BY	3 Wildowed 4 Divorced	The state of the s				White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUS	INESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 8 +)	100 00000000000000000000000000000000000	ng Agent	III. S. Go	vernment				
OM	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden S					
BE C	Samuel Taylor Schofield		Mary	Scott					
TO B	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural		, State, Zlp Gode)				
F	William J. Shartzer		rightview St.		MD 2090				
	1 Burlai 2 Cremation 3 Removal from State	other place)	TION (Name of cometery, crematory or	2.24	CATION — City or Town	AII.			
	4 Donetion 5 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Ceual III	.11 Cemetery		itland, M				
1	1/ 01 and Sim	201	5130 Wisc. Av	Joseph	Gawler's				
	23. PART I. Enter the dieeeses, or complications that ceuse	ed the death, Dp no	1			Approximats			
	shock, or heert fellure. List only one ceuse on		t office the money of alms,	on to condition by real-	iothy enest,	Interval Between Onset and Death			
	disease or condition PAICHAROLLIA								
	DUE TO JOR AS A CONSEQUENCE OF								
Z	Sequentially list conditions,	ysplastic	syn dione						
ATIC	If any, leading to immediate cause. Enter UNDERLYING	A COMSEQUENCE OF):							
FIC	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):				1			
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions contributing to death	but not regulting in	the underlying cause given in	n Part i. 24e. WAS AN	AUTODOV 24h 1	WERE AUTOPSY FINDINGS			
CAL	PART III MATER STREET,	out not learning	the underlying codes given	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI		-		1 ☐ YES €	NO	OF DEATH			
≥ ;;						10.77			
PHYSICIAN:	25. WAS CASE REFERRED MEDICAL EXAMINER?		26, PLACE OF DEATH (C	Check only one)					
YSIC	1 YES 2 NO 1 Impetient 2 ER/Ou		OTHER: 4	8 🗆 Other (Specify)					
F	25. Manual 8 Pending 28a. DATE OF VIJURY (Month, Day, Year)	28b, TIME	RY WORK?	28d. DESCRIBE HOW II	NJURY OCCURED				
m 1 TES 2 NO									
Suited a Could not be building, etc. (Specify) 288. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 287. LOCATION (Street and Number of Hural Houte Number of Hura									
29a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(a) and manner as stated.									
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of my kind one)					and manner as stated.			
	296. SIGNATURE AND TITLE OF GENTIFIER		29c, LICENSE N		29d. DATE SIGNED (
8	sobred Suchunit	>	R360	97.	►9.17.	90 AM			
124	35 WANN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I			7.0	1.1	10			
		00 Shady G		hersburg, M	D 20850				
	31. DATE FILED (Mogn. Porchag)	ANATURE Rando	2,						

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is mi

	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
100	1. DECEDENT'S NAME (First, Middle, Linst) 2. DATE OF DEATH 3. TIME OF DEATH										
	William F. S	herman Jr				Sept. 1	8 19	90 9:13 a.m.			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	BIRTURI ACE (Clote or Service			
)	576-16-2428	TX M 2 □ F	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1015	Washington, DC			
			75 YRS.			Sept. 4,					
~	Sa. FACILITY NAME (If not institution, give :			Olney	OR LOCATION OF DE	ATH		Y OF DEATH			
DIRECTOR	Montgomery Ge	<u>neral Hos</u>	pital	OTHEY			MOI	ntgomery			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY			
<u>E</u>								LIMITS?			
		Diego	ra	llbrook				1 YES 2 NO			
₹ I	10s. STREET AND NUMBER	Garage Control		10	H. ZIP CODE		100	EN OF WHAT COUNTRY?			
FUNERAL	3909 Reche Road,				92028		Unit	ted States			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Ame FORCES? 1 YES 2 NO 14. MARITAL STATUS 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Ame Black, White,								4. RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			S 2 NO Specify			Specify: White			
8		10171011	WWII		au		1				
2	15. DECEDENT'S EDU (Specify only highest grade			work done during m		166, KIND OF BI	JSINESS/INDU	STRY			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		,	0:		٥.				
COMPLET		4	Contrac	cting Of	7			vil Service			
	17. FATHER'S NAME (First, Middle, Last)	C				ME (First, Middle, Maide	n Sumame)				
8	William F. Sherma	an, Sr.	1			V. Niess					
9	19a, INFORMANT'S NAME (Type/Print)	/ :0 \				Route Number, City or To					
	Catherine L. Sher					Fallbrook	-	92028			
- 1	20a, METHOD OF DISPOSITION 1 ☐ Burial 2 12 Cremation 3 ☐ Ran	noval from Stale	20b. PLACE OF DISPO		may see a			Ity or Town, State			
	4 Donation 5 Other (Specify)				Cremator		Iver S	pring, MD			
	21. SIGNATURE OF FUNERAL SERVICE LI				NO ADDRESS OF FA	Services,	D A				
	Dithin B.	Chi	M00827			Silver S		MD 20910			
	23. PART I. Enter the diseases, or	complications that cau									
- 1	shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition	Honor	HEMORRHAGIC SHOCK					Onset and Death			
	resulting in death)	a. OUF TO (OR /	AS A CONSEQUENCE		2						
_		RUPTUL	100 TH	CONCOL	O ABOUMINAL AURTIC ANGURYSM			uprom 7 hrs			
ó	Sequentially list conditions,	DUE TO (OR /	AS A CONSEQUENCE)/ <i>CI₁ (O 17</i>))F) :	-	700 7 107457 1	- / //	1/0/5			
¥.	if any, leading to immediata cause. Enter UNDERLYING	a THURACO	2- ABDUN	TINAL G	URTIC 1	ANEURTSI	n	13 YRS			
표	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	S A CONSEQUENCE ()Fì·							
CERTIFICATION	resulting in death) LAST	ARTERI	OSCLERO	TIC U	ASCULAR	DISERS	E	257Rs			
8											
DÍCAL	PART II. Other algnificant condition				ng cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
용	CORUNARY					1 [] YES	2 NO	COMPLETION OF CAUSE OF DEATH?			
MEC	CONSTRICTIVE	AND OBST	RUCTIVE	Hum	UNARY		(1	1 YES 2 NO			
ä	DISEASE										
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF GEATH (Ch	eck only one)					
SIC	1 YES 2 NO	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 6 🗆 Realdanca	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJU	RY 28b. TI		JURY AT	28d. DESCRIBE HOW	INJURY OCC	URED			
∀	1. Natural 6 Pending Investigation	(Motatr, Day, 18	11		YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (URY — Al home, farm	street, factory, off	lce	28f. LOCATION (Street City or Town, State	t and Number	or Rural Route Number,			
TEI	4 Homicide detarmined	bulland, arc. (орвину	/)	Oity or lown, State	0)				
필	290. CERTIFIER 1 PC CERTIFYING PHYS	SICIAN: To the best of my	nowledge, death occur	rred spitte time, de	and place, and due	to the cause(s) and m	anner as state	nd.			
COMPLETED	28. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my showledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Check only one) 2 MEDICAL EXAMINER: On the basis of samulation of the investigation of the cause(a) and manner as stated.										
	29b, SIGNATURE AND TITLE OF CERTIFI		For A	1	29c. LICENSE NU						
8	Gary D. Rube	~ 10	OUG/1/	TILL			290. DATE	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON W		DEATH STEW OF C	Defect)	1 00/1	153	1 7	10 /			
		AMPSHIRE	Dele Try	10, PTICK)	Suice	0 500	ale A	10 20904			
			MAGE	- 201	JILVC	C SPICI	10,10	20909			
	31. DATE FILED (Month, Day, Year) SEP 1 9'99	32. REGISTRAR'S	GRATURE AND AND AND AND AND AND AND AND AND AND								

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certaincate be executed within 24-mouns aref death. Page 6 may be many any mental.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be detached	hot	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE EG. NO.	90	27214
1. DECEDENT'S NAME (First, Middle, Last) GERALDINE	Marcella		SQUIRE	S	2. DATE OF I	mber 2	2, 1990	3. TIME OF DEATH 12:14A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE_(In	yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		H ACE /State or Femilian	
216 14 1238	1 - M 2 - 6 /		ONTHS DAYS	HOURS MIN.		25°°1922	Count	(ID
Se. FACILITY NAME (If not institution, give st Memorial Hospital RESIDENCE OF DECEDENT			Cumber	land	EATH		llegany	
MD 106. STATE 106. COUNTY Allega	_	10c. CITY, Cumb	own on Local Derland	TION				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER ROute 3 Box 501	-Valley Road		10	21502		10-9	USA	HAT COUNTRY?
11. MARITAL STATUS 1								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementally Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reging.) NOUSEWITE 16b. KIND OF BUSINESS/INDUSTRY OWN home								
17. FATHER'S NAME (First, Middle, Lest) WILLIAM O. Murr	ay			18. MOTHER'S NA	ME (First, Middle). Robi	e, Melden Surne NSON	ame)	
190. INFORMANTS NAME (Trac/Print) Mr. Jerald L. S	quires	19b_MAILING A WOODL	oine, M	and Number or Rural	Route Number, C	City or Town, Sta	afe, Zip Code)	
METHOD OF DISPOSITION 1 M Burisi 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	SLACE OF DISPOSIT	moriai	Park		² C Limb	erland,	au MD.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE & Coupel	11:	22. See	pedia of work	MD 215	Home 502		
23. PART ₩ Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused List only one cause on ea		content the me	ally A	h as cardiec	or respirato	ry arreat,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PART II. Other algorificant condition	s contributing to deeth bu	it not resulting in	the underlying	g ceuse given in		PERFORMED	7	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Output		OTHER:	ne 5 🗆 Residence	8 Other (Sc	pecify)		
27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c, IN	JURY AT	-	BE HOW INJUR	RY OCCURED	
Natural Survival							loute Number,	
anal only	CIAN: To the best of my knowle) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29	d. DATE SIGNED	(Month, Dwy. Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								4/70
Dr. Zaman	Memorial	Hospital	•	al Build	ing, C	umber1	and. MI	21502
SEP 2 5 1990	32. BEGISTHAR'S SIGNA	ATURE delle						

Flatt of

FOR STATE REGISTRAR	STATE OF MARY					911	27215			
1. DECEDENT'S NAME (First, Middle, Last)	TOTOTOTO	2.77								
4. SOCIAL SECURITY NUMBER		*		# UNDER 24 HRS.	7. DATE OF BIRTN	8. BI	RTHPLACE (State or Foreign			
215-14-6002	1 X M 2 ☐ F	79 YRS.	MONTHS DAYS	HOURS MIN.			O A			
			9b. CITY, TOWN	OR LOCATION OF	DEATN	9c. COUNTY O	F DEATH			
Route 1, Box 22	2.7		Accid	ent			Garrett			
							10d. INSIDE CITY LIMITS?			
Maryland Garr	ett	A				10g. CITIZEN C	1 YES 2 NO			
Route 1, Box 22	2.7			IISA						
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	S 2X NO	If yes,	specify Cuben, Mexic	can, Puerto Rican, etc.)		ACE — American Indien, Black, Whita, etc. pecify:			
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)				16b. KIND OF BU	SINESS/INDUSTR				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT	use retired.)							
17. FATHER'S NAME (First, Middle, Last)		Well	Drille							
				Loui	se Becket					
20e. METHOD OF DISPOSITION	2	Ob. PLACE OF DISPO								
1 XBuriel 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	oval from State	other place)								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
			not enter the n	node of dying, su	ich as cardisc or resp	elretory srrest,	Approximate Interval Between			
IMMEDIATE CAUSE (Final disease or condition	Ischomic	Hoant D	icoaco				Years			
s. ISCNEMIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions.				Vascular	Disease		Unknown			
If any, leading to immediate cause. Enter UNDERLYING										
that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
resorting in death) EXST	1									
PART II. Other significent condition	a contributing to death	but not resulting	In the underly	ing ceuse given i			24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO			
					1 _ YES	Х∅ но	OF DEATH?			
-							1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Check only one)					
1 X YES 2 NO		utpatient 3 🗆 DOA		8 □ Other (Specify)						
27. MANNER OF DEATH 1)\(\)\(\)\(\)\(\)\(\) Natural \(\) 5 \(\) Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED									
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY At home, farm		28f. LOCATION (Street	and Number or Ru	iral Route Number,				
4 Homicide determined	building, etc. (S)	pecify)			City or Town, State)				
anal							ise(e) end manner as stated			
200 SIGNATURE AND TITLE OF CENTIFIE	111	11	1				NED (Month, Day, Year)			
Kerfert H	Longh	lon 1	ny	D 056	58	▶Septe	ember 18,19			
				Oakland	Maryland	21550				
			011 0 63.9	Ourtaila	, riary rand		<i>b.</i>			
2FL % 1 1990 8	one Davidson-Ad	indell					to,			
	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) FRI 4. SOCIAL SECURITY NUMBER 215-14-6002 99. FACILITY NAME (If not institution, give so ROUTE 1, Box 27 RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Garr 100. STATE 10b. COUNTY Maryland Garr 100. STATE 10b. COUNTY Maryland Garr 100. STREET AND NUMBER ROUTE 1, Box 27 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 1 Society only highest grade Elementary/Secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Last) Daniel Smith 190. INFORMANT'S NAME (Type/Print) Allen E. Smith 200. METHOD OF DISPOSITION 1 Warried 2 Cremetton 3 Rame 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 1 SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the diseases, or coshock, or heart failure. If my, leeding to immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X Yes 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined 5 CERTIFIER (Check only Check	**REGISTRAR** 1. DECEDENT'S NAME (First, Middle, Leat) FREDERICK F 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1. X M 2 F 98. FACILITY NAME (If not institution, pive street and number) ROUTE 1, BOX 227 RESIDENCE OF DECEDENT 108. STREET AND NUMBER ROUTE 1, BOX 227 11. MARITAL STATUS Garrett 108. STREET AND NUMBER ROUTE 1, BOX 227 11. MARITAL STATUS T2. WAS DECEDENT EVER FORCES? 1 YE GROWN ON Property of the Composition of Specify only highest pixely completed) 15. DECEDENT'S EDUCATION (Specify only highest pixely completed) 17. FATHER'S NAME (First, Middle, Leat) 17. FATHER'S NAME (First, Middle, Leat) 18. DECEDENT'S EDUCATION (Specify only highest pixely completed) 19. INFORMANT'S NAME (Type/Print) Allen E. Smith 20. METHOD OF DISPOSITION 1 College (1-4 or 5 +) 10. Warden of Disposition 1 College (1-4 or 5 +) 11. Signature of Funeral Service uccesses on the College on the	**REGISTRAR** 1. DECEDENT'S NAME (First, Middle, Last) FREDERICK EARL SM. 4. SOCIAL SECURITY NUMBER 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. S. AGE (In yrs. lest birthosy) 7. YRS. 2. SEX 2. SAGE (In yrs. lest birthosy) 7. YRS. 2. SAGE (In yrs. lest birthosy) 7. YRS. 2. SAGE (In yrs. lest birthosy) 8. AGE (In yrs. lest birthosy) 7. YRS. 2. SAGE (In yrs. lest birthosy) 8. AGE (In yrs. lest birthosy) 10. COTT 7. YES 2. NO LOCAL SECURITY 10. COUNTY 10. CATT 10. COUNTY 10. CATT 10	*** CERTIFICATE OF *** *** DECEDENT'S NAME (Part, Middin, Last)** *** FREDERICK*** EARL SMITH** *** 1. S. SEX*** 8. AGE (In yrs. last brinday) F MORES 1 YEAR *** 215-14-6002** 1 (X * 2	DECEDENTS HAME (First, Micros, Last) FREDERICK EARL SMITH 4. SOCIAL, SECURITY HUMBER 5. SEX 15. — 4. — 6.00.2 12. M. 2 — 7.9 FREDIONES OF DECEDENT 15. — 6.00.2 15. — 2.7 FREDIONES OF DECEDENT 16. CITY, TOWN OR LOCATION FREDIONES OF DECEDENT 16. CITY, TOWN OR LOCATION ACCIDENT 17. MARTINAL STATUS 17. — WAS DECEDENT SURN IN U.S. ASMED 18. DECEDENT SURN IN U.S. ASMED 19. WAS DECEDENT SURN. DECEDE	*** PRECISITAR *** CERTIFICATE OF DEATH *** Res. NO THE STAND SCHOOL SECTION OF LOCATION (Last) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** FREDERICK EARL SMITH *** PURCHES HAME. (See School 18 CLAST) *** P	STATE OF DEATH OR CERTIFICATE OF DEATH REGIONO 1. DECEMBERS MARKE (PVI, MOOR, LAP) FREDERICK FARL SMITH SCHOOL SECONDAY INSURED 1. SARCY 1. SOCIAL SECONDAY INSURED 1. SARCY 1			

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2	PHYS	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after	
<u>></u>	OR A	

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTAL HYGIEN REG. NO	-	0 2	7216
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF OEATH	AYO 1	PAR	TIME OF OEATH
	Andree 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	oirthday)	SMI IF UNDER		IF UNDER	24 HRS.				CE (State or Foreign
	218 30 0604	1 □ M 2 □ F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12-22-1	931	Country)	nio
_	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON GF DE		9c. COU	NTY OF DEAT	
5	Memorial Hospital	. & Medica	al Center	<u> </u>	Cum	berl	and			A11e	gany	
REC	10a. STATE 10b. COUNT				Y, TOWN (100	I. INSIDE CITY LIMITS?
LD	Md. A	llegany		F	ros		ZIP CGDI			10e CIT	IZEN OF WHAT	YES 2 NG
FUNERAL DIRECTOR	Rt. 3, Box	78					215			U.S.A.		
S.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. ARME	ED			ENDENT C	F HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)			American Indian, hita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W					Z NO				Specify: Whi	te
E	15. DECEDENT'S EDU (Specify only highest grade		(Give	kind of	USUAL O	CCUPATIO	ON st of workin	a	16b. KIND OF BU	SINESS/INI		
딜	Elementary/Secondary (0-12)	College (1-4 or 5+)		se retired.)				Deand	- 6	77) 344 - 54	0.00
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			anı	tor	lal	16. MOTI	HER'S NA	Board ME (First, Middle, Meider		Mauca	tion
BE C	Lawrence Be	ndle				11	R	uth	Rizer			
10	194. INFORMANT'S NAME (Type/Print) Bernard Smit	h	19b.			200	_	_	Route Number, City or Tox			
	20s. METHOD OF DISPOSITION		20b. PLACE OF	F DISPO	SITION (N			natory or	Prostbur 20c. L	CATION -	City or Town,	532 Stata
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION —											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Sept.	Jurn				Dur	st]	Fune	eral Home	e, F	rostb	
	23. PAFF I. Enter the diseesea, pr ahock, or heert failure.	complications that List only one cau	t ceused the deat se on each line.	th. Do	not enter	the mo	de of dy	ing, auc	h aa cardiac or reap	oiratory ar	reat,	Approximate Interval Between
	disease or condition									Onset and Death		
	resulting in death)							7				
NO O	Sequentially list conditions, DIFFUSE CHEERO WISCULAE LISENSE DUE TO (OR AS A CONSEQUENCE OF):											
ATI	If any, leading to immediate cause. Enter UNDERLYING Segrence ARTHOGSCIOROSI											
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (GR AS A CONSEQUENCE OF):										
SER	resulting in desth) LAST d. DARCTES MEILTU											
CAL	PART II. Other significant condition		death but not re		^			D. V	Part I. 24a. WAS A PERFO	N AUTOPSY RMED?	AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO
MEDIC	VARCULAR DISE									2 NG	MPLETION DF CAUSE DEATH?	
	CULAR PLUBONT								1 10	YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF E	EATH (Ch	neck only one)			
IXSI	1 TYES 2 NO 27, MANNER OF DEATH		ER/Outpatlant 3	DOA 28b. TII	4 🗆 Nu	rsing Hon	URY AT	asidenca	8 Other (Specify) 28d, DESCRIBE HOW	BLILIDY OF	COURED	
	1 Natural 5 Pending	(Month, D			JURY	WC	PRK?	□ NO	280. DESCRIBE NOW	INJUNT OC	CONED	
ED BY	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hom atc. (Specify)	ie, farm,	street, fac	tory, offic			28f. LOCATION (Street City or Town, State	and Number	er or Rural Rout	e Number,
ETE	4 Homicide determined											
COMPLET	construction of the constr	The state of the s							to the cause(s) and m			of manner on stated
	2 MEDICAL EXAMINER: On the base of institution and/o				/or investigation, in my opinion, death occured at the time, data and place					a, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)		
) BE	/	July					-	03	1875	▶ 0	8/21/	90
10	Dr. Robert A.		21 Seton			Cum	ber1	and,	MD 2150	2		
	SEP 25 1990	his Davidson	Andale.									

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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	P
per med when it index are order with the Jakes any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			IENTAL HYGIEN REG. NO.		0 27217
1	1. DECEDENT'S NAME (First, Middle, Last		Smith			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	217-01-4274	1.24 2 F 72	YRS.	ONTHS DAYS	HOURS MIN.	03/11/	_	arboro, NC
	Appo Arundol				apolis	ATH	9c. COUNTY	of DEATH e Arundel
ŀ	Anne Arundel RESIDENCE OF DECEDENT 10a, STATE 10b, COUN			TOWN OR LOCAT			L AIIII	10d, INSIDE CITY
ı		een Anne's		Chest				LIMITS?
	10s. STREET AND NUMBER		·	101	ZIP CODE		2011	OF WHAT COUNTRY?
ŀ	2603 Cecil I	12. WAS DECEDENT EVER IN		13. WAS DEC	21619 ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		J.S.A. RACE — American Indian, Black, White, etc.
I	1 Never Married 2XXMarried 3 Widowed 4 Olvorced	FORCES? 1X XYES IF YES, GIVE WAR OR DA	ITES	if yes, sp	ecity Cuban, Mexican 2XXNO Specify:	, Puarto Rican, etc.)		Specify:
ŀ	16. DECEDENT'S ED	Navy	WWII	SUAL OCCUPATION	DN .	16b. KIND OF BUS	SINESS/INDUS	White
	(Specify only highest gra	College (1-4 or 5+)	life. Do NOT use				- "	
ŀ	1 2		Steam	Fitte		LOC &	al #4:	38
	Walter Smit	ch			Maio			
	19a. INFORMANT'S NAME (Type/Print)	,				oute Number, City or Tow		
ŀ	Opal L. Smit		PLACE OF DISPOSIT			ester, MI	21 (CATION – CIN	or Town, State AA Co.
	XXBurial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	other place)	Veter	cans Cer	netry Cro	ownsv:	ille, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	,	Tom	Helfen	oein Fune	eral 1	Homes, PA
1	Chomas K.	Helfenler	n	106	Shamro	ck RD, Cl	neste	r, MD 21619
	· ·	e. List only one cause on as	I tha death. Do no ach lina.	t enter the mo	oda of dying, such	n aa cardiac or resp	iratory arrest	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· dento	myoca	And 1	nfaret	way		13 leurs
i		OUE TO (OR AS A	CONSEQUENCE OF):	0.4	1.0	ulas de	20-0	7.0
	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):	care	was	ray w-	7	Zoms.
1	CAUSE (Disease or injury	C. OHE TO (OR AS A	CONSEQUENCE OF):					
	that initiated events reaulting in death) LAST	d						
	PART II. Other algnificant conditi	one contributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ı								1 NES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	ack only one)		
ı	EXAMINER?	HOSPITAL: 1 Dinpatient 2 ER/Outp		OTHER:	ne 5 🗆 Rasidence			
ŀ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	REO
	2 Accident Investigatio 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, str		YES 2 NO	20f. LOCATION (Street	and Number or	Rurel Route Number,
ı	4 Homicide determined		city)			City or Town, State)	
	CONSCI ONLY D	YSICIAN: To the best of my knowl INER: On the basis of examination						ause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF COUNTS	IER /	Λ.	1	29c. LICENSE NUM	IBER /	29d. DATE S	IGNED (Month, Day, Year)
	20 NAME AND ADDRESS OF STREET	AH.	ending Pl	Sician	124	7/	9	11/90
	Paul Berez	MO /	653 C	10/LA	Blvd	suite / 0	1 Cros	ton MD21114
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		in a				

		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	IE C	0	27218
		1. DECEDENT'S NAME (First, Middle, Last) Alva Laura	a Smi	th				5 1990	AR	9:55 AMM
Pages 1,		4. SOCIAL SECURITY NUMBER 213 - 44 - 0217	5. SEX 6. AGE (1)	n yrs. lest birthdey) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 3,1	917 M	BIRTHPLAC Country) [ary1	CE (State or Foreign
	RAL DIRECTOR	9a. FACILITY NAME (If not institution, give str Memorial Ho				R LOCATION OF DE	НТА	sc. COUNTY	of DEATH	
		nesidence of decedent 10a. STATE 10b. COUNTY Maryland Quee:	n Anne's		y, town on Locat leenstowr			-	1000	. INSIDE CITY LIMITS?
sit permit.		100. STREET AND NUMBER RFD 2, Box 285B			101	21658		10g. CITIZEN Unit	OF WHAT	
ing physician. the burial-transit permit. Pages 1,	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	It yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No— 14.	RACE — A Black, Wh Specify: Whit	
	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u			16b. KIND OF BU		FRY	
by the hospital or attend be detached for use as at once.	COMPL	11 17. FATHER'S NAME (First, Middle, Last) Joseph Henry Co	llier	Sean	stress	18. MOTHER'S NA	Garm ME (First, Middle, Melder Mahalia	Sumame)	eld	
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) So W. Franklin Smith	on , Jr.			and Number or Rural	Route Number, City or To	vn, State, Zip Co		······································
ge 6 may be irector, page must be		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		other piece)	SITION (Name of cent	tery	St	ocation — chy evensvi		
ter death. Page 6 may be the funeral director, page yval.		21. SIGNATURE OF FUNERAL SERVICE LICE James	H. Barton,	Jr.	Barto	nd address of fa on Funera ox 222,		le, Md	. 216	517
z mours at filled in by tion, or remethe		23. PARP . Enter the diseases, or contains the second shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	let only one couse on e	ech line.	Failu	- 22	h as cardiec or rea	piretory srrest	,	Approximate interval Between Onset end Deeth
th certificate be executed ending physician and con i Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Artery CONSEQUENCE C						
he law requires that the death has been signed by the attent of Health and Mental in Z3 shows any Injury, or	MEDICAL	PART II. Other significant conditions Atrial Fibri		out not resulting	in the underlyin	g cause given in		RMED?	CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\text{NO} \) NO
e ste h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	neticat 3 🗆 DOA	OTHER:	LACE OF DEATH (C	eck only one) 8 Other (Specify)			
PHYSICIA this certif with the riked, or	Y PHYSICI	27. MANNER OF DEATH 1 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	IED	
TTENDIN TDR: A after de	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		atreet, factory, offic	1 120 2 110			Rurel Route	Number,
- C E 5 5	COMPLET		CIAN: To the bast of my know R: On the basis of examination							d menner as stated.
TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Drawn	0		29c, LICENSE NU			27/90	onth, Day, Year)
+ + 4 4	10	30. NAMÉ ANO ADORESS OF PERSON WHO		Box 21	* A	nstown,	Md. 2165		-,,,0	
		31. DATE FILED (Month, Day, Year) ANG 28 90	32. REGISTRAR'S SIGN		·					

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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	7	L D	=
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	F	工品	P
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2uns after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must b

	_ 1	FOR STATE REGISTRAR		STATE OF I			RTMENT OF			NTAL HYGIENI REG. NO.	E 9	0	27219
	ı	1. DECEDENT'S NAME (First,	Middle, Last)			4				DATE OF DEATH	v	YEAR	3. TIME OF DEATH
		MARY I	ELIZA	BETH S	ALSGI	VER				09 0		90	8 50PM M
	,	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEA			DATE OF BIRTH		0. BIRTH	IPLACE (State or Foreign
4		577-03-614	4-A	1 🗌 M 2 🔍 F	81	YRS.	MONTHS DAY	8 HOURE	MIN.	(Month, Day, Year)	ng l	Was	shington, DC
	1	9a, FACILITY NAME (If not in		reet and number)	- 01		9b. CITY, TOW	N OR LOCATIO	N OF DEATH	VV		NTY OF E	
I C	٠ ا	DOTNICE	CEODCE	S HOSPI	CAL CEN	TED		LIEVED!	V		D.	TNIC	E CEODOEC
1 6	(I	RESIDENCE OF DEC	EDENT	3 103FI	IAL CEN	ILEK		HEVERL	<u> </u>		P	KIINC	E GEORGES
DIRECTOR	١	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
		Maryland	Prince	George	's		Нуа	ttsville	9				1 YES 2 NO
FUNERAL		10a. STREET AND NUMBER				_		10f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
1 2		5003 54th	Place				- 27		20781		U.S	S.A.	
2	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDENT OF	HISPANIC C	RIGIN? (Specify Yea	or No-	14. RAC	E — American Indian, k, Whita, etc.
	- 11	1 Never Married 2			WAR OR DATES	био		YES 2 NO		uerto Rican, atc.)		Spec	Mar
B X		3 Widowed 4 Divo	rced										"" White
Į į		15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of	WORK done during retired.)	ATION most of working	7	166. KIND OF BUS	INESS/INC	DUSTRY	
L		Elementary/Secondary (0	1-12)	College (1-4 or 5	+)								
COMPLETED		8th				louse	wite			Own		e	
8	3	17. FATHER'S NAME (First, M						18. MOTH		First, Middle, Maiden	·		
a m		Henry Price							Soph		know		
9		19a. INFORMANT'S NAME (7								Number, City or Town			
	-	Mary Rati		_						anham,			
	- 1	20a. METHOD OF DISPOSIT	iON n J∏⊟ Remo	ovel/tom State			SITION (Name o				CATION —		
	- -	4 Donation 5 Other	(Specify)	V	Was	hingt	<u>on Nati</u>				<u>uitlar</u>	nd,	Maryland
	-	21. SIGNATURE OF HUNGRA	L BUTTVICE LIC	DORE / /	P			CIC CO		Sons Fu	mara	1 4	ome DA
		· / 1000	10 /	4/1	6/12	~							, MD 20781
		23. PART I. Enter the d											Approximate
	- 1	shock, or h		List only one ca	use on each i	lna.							Onset and Death
		disease or condition	101	6,00	FORM	000	2062	00	In Por	20 110	n		
	l	reaulting in death)		DUE TO	(OR AS A CON	SEOUENCE ()F):	-					
	.			Atal	20 B	891	Plate	on'	V				
CERTIFICATION	5	Sequentially list condit if eny, leading to imme		DUE TO	(OR AS A CON	SEOUENCE (OF):						
1	\$	cause. Entar UNDERLY	ING	e.									
		CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CON	SEQUENCE (OF):						
	ē	resulting in death) LAS	T .	d									
	- 11	PART II. Other algnifica	nt condition	a contribution to	double host m		le die ceden		luca la Sac				
-	. 11	PART II. Other aignines		is contributing to	death but no	or resulting	in the undari	Aud canse 8	iven in Par	t i. 24a. WAS AN PERFOR		24	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
4	Ţ		and demonstration										COMPLETION OF CAUSE
DICA	2		- Condition							1 TYES 2	NO		OF DEATH?
MEDIC	MEDIC		THE CONTRICTION							1 YES 2	NHO		OF DEATH?
MEDIC	MEDIC										NHO		400
MEDIC	MEDIC	25. WAS CASE REFERRED T						S. PLACE OF DE	EATH (Check		ONO		
MEDIC	MEDIC	EXAMINER? 1 YES 3 NO		HOSPITAL:			OTHER: 4 Nursing	Home 5 🗆 Ra	eldanca 6	only one) Other (Specify)			
PHYSICIAN MEDICAL	MEDIC	EXAMINER? 1 YES 3 NO 27. MANNER OF DEATH	O MEDICAL	HOSPITAL: 1 Tripatient 2 26s. DATE O		26b. TI	OTHER: 4 Nursing ME OF 28c JURY	Home 5 Re	eldanca 6 28	only one)		CURED	
PHYSICIAN: MEDIC	THISICIAN. MEDIC	EXAMINER? 1 YES 3 NO 27. MANNER OF DEATH		HOSPITAL: 1 Impatient 2 26a. DATE O (Month,	F INJURY Day, Year)	26b. Til	OTHER: 4 Nursing ME OF JURY M 1	Home 5 Ra INJURY AT WORK?	sidanca 6 28	only one) Other (Specify) d. DESCRIBE HOW I	NJURY OC		1 YES 2 NO
BY PHYSICIAN: MEDIC	DI PRISICIAN. MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 2 Accident 3 Suicide 6	O MEDICAL Pending investigation Could not be	HOSPITAL: 11 Impatient 2 28a. DATE 0 (Month,	F INJURY Day, Year)	26b. Til	OTHER: 4 Nursing ME OF 28c JURY	Home 5 Ra INJURY AT WORK?	sidanca 6 28	only one) Other (Specify)	NJURY OC		1 YES 2 NO
ED BY PHYSICIAN: MEDIC	ED BI FILISICIAN. MEDIO	EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH Natural 5 2 Accident 3 Suicide 6 4 Homicide	O MEDICAL Pending	HOSPITAL: 11 Impatient 2 28a. DATE 0 (Month,	FINJURY Day, Year)	26b. Til	OTHER: 4 Nursing ME OF JURY M 1	Home 5 Ra INJURY AT WORK?	sidanca 6 28	only one) Other (Specify) d. DESCRIBE HOW I	NJURY OC		1 YES 2 NO
ED BY PHYSICIAN: MEDIC	ED BI FILISICIAN. MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only 1 CERT	O MEDICAL Pending Investigation Could not be detarmined	HOSPITAL: 1 Impattent 2 26a. DATE 0 (Month, 28a. PLACE building	FINJURY Day, Year) OF INJURY — A , etc. (Specify)	26b. Ti	OTHER: 4 Nursing ME OF 28c JURY M 1 street, factory,	Home 5 Re INJURY AT WORK? YES 2 Diffice	eldanca 6 28 NO 28	only one) Other (Specify) d. DESCRIBE HOW I	NJURY OC	r or Rural	1 YES 2 NO
ED BY PHYSICIAN: MEDIC	ED BI FILISICIAN. MEDIC	EXAMMER? 1 YES 2 NO 27. MANNEP OF DEATH Netural 5 2 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only 1 CERT	Pending investigation Could not be setarmined	HOSPITAL: 1 Tripatient 2 26a. DATE O (Month), 28e. PLACE building	FINJURY Day, Year) OF INJURY — A of C. (Specify) If my knowledge	26b. Tillib t home, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	Home 5 Ra INJURY AT WORK? YES 2 Diffice	NO 28	only one) Other (Specify) d. DESCRIBE HOW I t. LOCATION (Street City or Rown, State)	NJURY OC	r or Rural	1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDIC	COMPLETED BY THISICIAN. MEDIC	EXAMMER? 1 YES 2 NO 27. MANNEP OF DEATH Netural 5 2 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be detarmined TIFYING PHYSI HICAL EXAMINE	HOSPITAL: 1 Minpatient 2 26a. DATE O (Month). 28b. PLACE building	FINJURY Day, Year) OF INJURY — A of C. (Specify) If my knowledge	26b. Tillib t home, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	Home 5 Ra INJURY AT WORK? YES 2 Diffice deta and place, on, dasth occur	NO 28	only one) Other (Specify) d. DESCRIBE HOW I t. LOCATION (Street City or Town, State) the cause(a) and mat s, data and place, an	NJURY OC	r or Rural ned.	1 VES 2 NO
ED BY PHYSICIAN: MEDIC	DE COMPLETED BY PRISICIAN. MEDIC	EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be detarmined TIFYING PHYSI HICAL EXAMINE	HOSPITAL: 1 Minpatient 2 26a. DATE O (Month). 28b. PLACE building	FINJURY Day, Year) OF INJURY — A of C. (Specify) If my knowledge	26b. Tillib t home, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	Home 5 Ra INJURY AT WORK? YES 2 Diffice deta and place, on, dasth occur	NO 28 and due to the dat the time	only one) Other (Specify) d. DESCRIBE HOW I t. LOCATION (Street City or Town, State) the cause(a) and mat s, data and place, an	NJURY OC	r or Rural ned.	1 VES 2 NO Route Number, (a) and manner as stated.

32. REGISTRAR'S SIGNATURE
Suridson Pandalle

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MA	BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	by the hospital or attending physician.	į
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, ** # ** ** ** ** ** ** ** ** ** ** ** *	I be detached for use as the burial-transit permit. Pages 1,	2 short
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	at once.)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	90	27220
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	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E 90	21220
,	1. DECEDENT'S NAME (First, Middle, Last)	_			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
	ARTIE		SHARP		AÜĞÜST 2	9 199	0 6:40 AM
	4. SOCIAL SECURITY NUMBER 243-07-25/4	1 PM 2 DF 9	YRS. MONTE		7. DATE OF BIRTH (Month, Day, Year)	898	BIRTHPLACE (State or Foreign Country)
5	99. FACILITY NAME (If not institution, give at Memorial Hosp RESIDENCE OF DECEDENT			STON	EATH	9c. COUNTY Ta	1bot
DIRECTOR	10a. STATE 10b. COUNTY	Roline		n or Location			10d. INSIDE CITY LIMITS? 1 YES 2 PMO
FUNERAL	100. STREET AND NUMBER	172		101. ZIP CODE	55	10g. CITIZEN	OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 MO	13. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexico 1 YES 2 AND Specifi	an, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de ille. Do NOT use retin	L OCCUPATION one during most of working id.)	16b. KIND OF BUS	SINESS/INDUST	TRY
N L	Elem.		Fak	MER	Fa	Rmin	g
BE CO	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Meiden	Sumame))
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDE	ESS (Street end Number or Rural	Royle Number, City or Tow	n, State/Zip Coo	Jo)
-	EVa Shar	P	1 11++	1 BOX172	TRESton	Md.	21655
	20s. METHOD OF DISPOSITION 1 W Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		other place) John	(Name of cemetery, crematory or 'S Cemeter	× .	PREST	or Town, State
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF F	H FUNERAL	Hom	e.
	Dennie	Imeth.		70. Box 928	HURLOCK	Md	21643
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that caused List only one cause on ea		iter the mode of dying, aud	ch ea cardlec or resp	ratory arreat	, Approximata Interval Between Onset and Death
	reaulting in deeth)	B. DUE TO (OR AS A	CONSEQUENCE OF):),T			
20	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
HILLAHON	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
AL CE	PART II. Other aignificent condition	a contributing to death b	ut not reaulting in the	underlying cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC					1 _ YES 2	€ MO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C			
PHYS	1 YES 2 PRO 27. MANNER OF DEATH	hpatient 2 ☐ ER/Outp		Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	HED.
- 1	Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME OF INJURY	WORK? 1 YES 2 NO			-
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, street,	fectory, office	281. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
COMPLE	TOTAL OTHY			he lime, date end place, end du			suse(s) end menner se atated.
H N	295. SIGNATURE AND TITLE OF CENTIFIE	mus		29c. LICENSE NO		29d. DATE S	IGNED (Morith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)			/	
	31. DATE FILED (Month, Jey, Year) SEP 2 1 '90	32. REGISTRAR'S SIGN	ATURE uidson-Randall				
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BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending priva-	the funeral director, page 5 should be detached for use as the burnary.	al examiner must be notified at once.	TO BE COMPLETED BY FL
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within grouns after death. Page 6 may be retained by the hospital or attending and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYL REGISTRAR		NT OF HEALTH AND	MENTAL HYGIEN	E 90	27221	
	1. DECEDENT'S NAME (First, Middle, Last) EDITH JOANNA	STUART		2. DATE OF DEATH	3 1998AR	3. TIME OF DEATH	
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	(In yrs. lest birtnday) IF UNI 79 YRS. MONTH	DER 1 YEAR OF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH	OF BIRTH 8. BIRTHPLACE (State MARYLANI		
OR	5 S. MAIN ST.	9b. C	TY, TOWN OR LOCATION OF DI UNION BRIDGE		9c. COUNTY OF DEATH CARROLL		
DIRECTOR	RESIDENCE OF DECEDENT 106. COUNTY	10c. CAT. TOW	MONTEOSPRING			10d. INSIDE OF S	
FUNERAL	100. SOUS ABISATOP AVE.		101. ZIP CODE 32	2701	10g. CITIZEN OI	г унат Солдтичт	
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 VES IF YES, GMR WAR OR D	2 NO	3. WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexico 1 YES 2 X NO Specifi	n, Puarto Rican, etc.)		ACE — American Indian, ack, White, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use retired	ne during most of working i.)		SINESS/INDUSTRY		
COMPLET	11 17. FATHER'S NAME (First, Middle, Lest)	HOUSINGA		ME (First, Middle, Malden	S. GOVT	•	
BE	JOSEPH HENRY KREIMER 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	RI-	IODA MAY EC			
5	JOSEPH H. KREIMER	5 S. MA	IN ST.	UNION BRII	OGE.	MD 21791	
	1 Buriel 2 Cremetion 3 Removal from State	other place)	(Name of cemetery, crematory or ATION SERVICE	11100	CATION — CITY OF IPSTEAD ,		
	21. SIGNATUREJOF PUHERAL SERVICE LICENSEE ALAREN O. Lark	len	2. NAME AND ADDRESS OF FA	D.D. H	IARTZLER	& SONS	
	23. PART L Enter the diseases, or complications that cause on a shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS	each line.	ter the moda of dying, aud	h as cardiac or reap	iratory arreat,	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other algorificant conditions contributing to death is supported by the support of the	sut not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	_ ОТН					
PHYS	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Dey, Yeer)	28b. TIME OF	eursing Home 6 K Residence 28c. INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE NOW	NJURY OCCURED		
red 6Y	2 Accident Investigation	Y — At home, farm, street, i	M 1 TYES 2 NO		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the basic of examinating						
ш	29b. SIGNATURE AND TITLE OF CENTIFIER	or anovernment and the state of	29c. LICENSE NU			IED (Month, Day, Year)	
TO B	30. NAME AND COORESS OF PERSON WHO COMPLETED CAUSE OF DI	EATN (ITEM 27)-(IVPS, Prios)-	D90	06	1 91-	23/90	
	J.H. CARICOFE, M	D. P.O.Y	Sox M; U	mion &	Ridge	Md 21791	
	31. DATE FILED (MONI), Day, 1947) 90 32. REGUSTRIAN'S 1949	ATHREA-Mandall)		

BALTIMORE, MARYLAND 21203-3	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hospital or attending	L DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be detached for use as the hours after death with the State Dest of Health and Mental Horlene prior to build, cremation, or removal.
	Hours	fined in l
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the hours after death with the State Dent of Health and Mental Hutlete prior to burial cremation, or removal.
F VITA	SICIAN: Th	certificate
DIVISION 0	L DR ATTENDING PHY	L DIRECTOR: After this

or attending	use as the	
the hospital	e detached for	t once.
be retained by	ge 5 should b	e notified a
Раде 6 тау	al director, pay	iner must b
irs after death.	n by the funer removal.	edical exam
within no	ripletely fixed cremation, or	went, the m
te be executed	rsician and con prior to burial.	traumatic e
death certifica	attending phrematal Hydiene	iry, or other
uires that the	Signed by the Health and M	ws any inju
I: The law req	cate has been state Dent of	item 23 sh
NG PHYSICIAN	fler this certificant with the	marked, or
DR ATTENDI	DIRECTOR: A	item 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be detached for use as the best of the first and the size of the size of the first and the size of the s	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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SEP 2 4 '90

1 - STATE REGISTRAR		OINIE OI II	IARYLAND C	ERTIF					BENTAL	REG. NO.		70	272	
1. DECEDENT'S NAME (First, Mi	iddle, Last)			G2					2. DATE O	DA	W.	YEAR	3. TIME OF DEA	
John 4. SOCIAL SECURITY NUMBER	1	Lew		Slor	-				4	20		10	HPLACE (State or F	
220 18 0986		5. SEX	6. AGE (In yrs. Is		IF UNDER	DAYS	HOURS	MIN.		Day, Year)	10	Coun	ryland	reign
9a. FACILITY NAME (If not institu	ution, give str	4 2	/ ~		9b. CITY	, TOWN C	OR LOCATIO	ON OF DE		10 19.		NTY OF I		
Carroll Cou	nty G	eneral H	ospital			West	mins	ter			Ca	rrol	1	
	b. COUNTY			10c. CIT	ry, town								10d. INSIDE CIT LIMITS?	f
Maryland	Car	roll			Fin	ksbu							1 YES 2X	NO
10a. STREET AND NUMBER		. = 3				101	. ZIP CODI						WHAT COUNTRY?	
2337 Sandymo	unt R	Oad 12. Was deceden	T EVED IN HS A	DMED	T 13	WAS DEC		048	IC OBIGINS	(Specify Yea			States	len
1 Naver Married 2 Me 3 Widowed 4 Divorce		FORCES? 1	YES 2	NO		If yes, sp		n, Maxicai	n, Puerto Ric		01140-	Spe Whi	E — American Ind ck, Whita, atc. city: . te	
15. DECED (Specify only hi	ENT'S EDUC		16a, D	ECEDENT'S	S USUAL O	CCUPATIO	ON set of workin	10	16b. I	(IND OF BUS	SINESS/IN	DUSTRY		
Elementery/Secondary (0-12		College (1-4 or 5	·)	Give kind of le. Do NOT u			ot of works	9						
6		_		Carr	ente	r					stru	ctic	on	
<u> </u>	orp						Mi	nerv	a	ddle, Malden				
190. INFORMANT'S NAME (Type Amanda W. Sl			1							r, city or few nksbu			21048	
20a. METHOD OF DISPOSITION	3 🗆 Ramo	oval from State	28b. PLACI	E OF DISPO	SITION (N	ame of cer	metery, cren	natory or		1			Town, State	
4 Donation 5 Other (S	pecify)		Eve	rgree			al G			F	inks	bure	, Maryl	and
21. SIGNATURE OF GREEAU.	T.	A. M	alss		M	lyers	Fun	era1	Home		mino	tor	MD 21	157
23. PART I. Enter the dise													Approxi	nata
shock, or has IMMEDIATE CAUSE (Final		lst only one car	ise on aach lir	18.		1				i	7		Interval Onset a	
disease or condition resulting in death)	,	Sm	rall	Lei	4	Ca.	101	nor	1-4	26	u	4)		
Tooling III double,	·	DUE TO	(OR AS A CONS	EOUENCE (OF):					1		1		
Sequentially list condition	ns.),	100 40 4 00MG	FOLIENAT	200							/	_	
If any, leading to immedia cause, Enter UNDERLYING	ate	502 10	(OR AS A CONS	EOUENCE	Jrj:									
CAUSE (Disease or injury that initiated events	1	DUE TO	(OR AS A CONS	EOUENCE (OF):									
resulting in death) LAST		1												
PART II. Other significant	condition	s contributing to	death but not	rasulting	In the u	nderlyin	g csusa	given in	Part I.	24a. WAS AN	AUTOPSY	24	Ib. WERE AUTOPSY	FINDINGS
										PERFOR	RMED?		AVAILABLE PRIO COMPLETION OF	OT F
									_	1 TYES 2	L NO		OF DEATH?	NO
									-					
25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 □ Nu		ne 6 🗆 R	naldence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Natural 5 Pe	inding restigation	28a. DATE O	F INJURY Day, Year)	26b, TI	ME OF JURY M	W	JURY AT ORK? YES 2 [] NO	28d, OE\$(CRIBE HOW	INJURY O	CCURED		
3 Suicide 6 C	ould not be termined		OF INJURY — At I	home, farm	, street, fac	ctory, offic	ce			TION (Street Town, State		er or Rura	l Route Number,	
29a. CERTIFIER 1 CERTIF		CIAN. To the head of	f my knowledge,	d ath a second		Alexandra		and due	4- 45			-4-4		

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, 29d. DATE SIGNED (Month, Day, Year) 29h SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Fula Day door Windows

sa Ne la sa

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BALTIMORE, MARYLAND	wours after death. Page 6 may be retained by the hos	led in by the funeral director, page 5 should be detach , or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE STATE OF MARYLAND / DEP	PARTMENT OF HEALTH AN IFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	90 27223
	1. DECEDENT'S NAME (Fyst, Middle, Lost) Selling	gr.	2. DATE OF DEATH DAY	0 90 0600 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 DF 6. AGE (In yrs. lost birtho	S. MONTHS DAYS HOURS MH	N. (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country) MD
TOR	99. FACILITY NAME (If not institution, give street and number) 205 St. Mark Way RESIDENCE OF DECEDENT.	Westminste:		0c. county of Death Carroll
DIRECTOR	106. STATE 106. COUNTY 10c.	CITY, TOWN OR LOCATION Westmin.ste:	r	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	205 St. Mark Way	101. ZIP CODE 21157		10g. CITIZEN OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		SPANIC ORIGIN? (Specify Yes o axican, Puerto Ricen, etc.) pecify:	or No- 14. RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) (Give kind Elementary/Secondary (0-12) College (1-4 or 5 +)	NT'S USUAL OCCUPATION d of work done during most of working Of use retired.) SEWIIE	166. KIND OF BUSH	NESS/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) George W. Wertz	18. MOTHER'S	s NAME (First, Middle, Maiden St Zie Arms	strong
10	John B. Sellman 20	LINO ADDRESS (Street and Number or R 5 St. Mark War	y, Westmins	Ster, MD 21157
	1X Burlet 2 Cremetion 3 Removal from State other place)	SPOSITION (Name of cometery, cremator) Branch Cemete	7 67 20C. LOCA	ATION — City or Town, State Stminster. MD
	21. SIONATURE OF FUNERAL SERVICE LICENSEE Robert K. Pritts. Sr.		reral Home	
	23. PART I. Enter the diseases, or complications that caused the death. I shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Do not enter the mode of dying,	such as cardiac or respire	
LION	Sequentially list conditions b. 775000			-/-
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. VIENCE J OUT TO JOR AS A CONSEQUENCE	ce of: Cenal face Cercenon mis	lin - c metas	hus 8/86
MEDICAL	PART A: Other eignificant conditions contributing to death but not result ACKMAKIK — Wand renows			LUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26, PLACE OF DEATH OTHER: DA 4 Nursing Home 5 Preside		
BY PHY	1 Netural 5 Pending (Month, Day, Year) 2 Accident investigation	TIME OF 1NJURY AT WORK? M 1 YES 2 NO		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, fa building, etc. (Specify)	erm, street, fectory, office	28f. LOCATION (Street en City or Town, State)	Number or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation.			
TO BE	296-OYDNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		NUMBER -278	29d. DATE SIGNED (Month, Day, Year) 20 Systa

Julia Davidson-Randalle

32. REGISTRAR'S SIGNATURE 5 '90

Manager Till and Till a

E A. E FFE ESE

锯	E)	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 3 to be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM CERTIFIC				GIENE G. NO.	90	27224
ì	1. DECEDENT'S NAME (First, Middle, Last)		(9)			2. OATE OF OE	ATN DAY	YEA	3. TIME OF DEATH
	Dolly M Su	11iyan				9.	18		
		SEX 6. AGE (In y		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIF (Month, Day, Aug.	Year)	0	HTTNPLACE (State or Foreign ountry) WV
OR	98. FACILITY NAME (If not institution, give street of MALY/)	1.1		CITY, TOWN O	N TON	ATN	1	9c. COUNTY C	B. Buning
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	Calvert	10c. CITY, T	OWN OR LOCAT		ipeake I	Beach	1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3811 17th St.			101.	ZIP CODE 207				OF WNAT COUNTRY?
BY FUN	1 Never Married 2 N Married	WAS DECEDENT EVER IN U. FORCES? 1 YES :	NO NO	If yes, spe	ENDENT OF NISPAN belfy Cuban, Mexica 2 NO Specify	n, Puerto Rican,			RACE — American Indian, Black, White, atc. Specify: White
COMPLETED		DN 10 pleted) 10 ollege (1-4 or 5 +)	in. DECEDENT'S US (Give kind of work life. Do NOT use n	done during modelred.)	N at of working	16b. KIND	OF BUSIN	NESS/INDUST	RY
1	11 17. FATHER'S NAME (First, Middle, Last)		House w	ire	18. MOTNER'S NA	ME /Elest 1 Biolotic			
BE CO	Jo	oseph Mitry	1		Mary M	i. Delsi	ignor	re	-
2	19a. INFORMANT'S NAME (Type/Print)		177.70.277.50.27		nd Number or Rural I				
	Cindy L. King	206.8	LACE OF DISPOSITI		Is. Rd.				20758 or Town, State
	1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	ther place)			- 1			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		surectio		D ADDRESS OF FA	CILITY	CT.	inton.	MD
	· William R. S	yra		Rauso	h Funera	al Home	, Ow:	ings,	MD 20736
	23. PART I. Enter the diseases, or com ahock, or heart fallure. List IMMEDIATE CAUSE (Final			enter the mo	de of dying, suc	h aa cardiac d	r reapira	atory arrest,	Approximate Interval Between Onset and Death
		Bram -	Tum e onsequence of:	L.					
z		CVA.							
CERTIFICATION	If any leading to immediate	DUE TO (OR AS A C		1		2			199
3	CAUSE (Disease or Injury	Poss (2 and w	o Ru	· en	rest	•		
	that initiated events resulting in death) LAST	DUE TO (OH AS A C	ONSEQUENCE OF):						j
SER.	d								
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to death but	not resulting in	the underlyin	g cause given in		WAS AN A PERFORM YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2					•				
IA	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C)	heck only one)			
SIC		OSPITAL: Inpatient 2 ER/Outpat	lent 3 DOA 4	THER: Nursing Nor	o 5 (V Residence	6 Other (Spe	icffy)		
BY PH	27. MANNER OF DEATN 1 W Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WC WC	URY AT ORK? YES 2 NO	28d. DESCRIB	E HOW IN	JURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify		et, factory, offic	•	281. LOCATION City or Tox		nd Number or F	Rurel Route Number,
COMPLETED	coel	N: To the best of my knowled On the basis of examination a							suse(s) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER) maral	C. A		29c. LICENSE NU				GNED (Month, Day, Year)
	Trommence	レーロンレーで入	AAAA			~ 0		7 (10100

MARCE YAZDANI

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	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AT		HYGIENE REG. NO.	9	0 27225
	1. DECEDENT'S NAME (First, Middle, Last)	Reuben E.	Snesrud			2. DATE MONTO	OF DEATH DAY	90 YE	3. TIME OF DEATH 6:20 A
	4. SOCIAL SECURITY NUMBER 472-03-5863		82 YRS.	MONTHS E		IN. 7. DATE (Month	OF BIRTH h, Day, Year) /03/07	C	HATHPLACE (State or Foreign Country) Kasson, Minn
~	9a. FACILITY NAME (If not institution, give National Lutheran				OWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
50	RESIDENCE OF DECEDENT	nome		_	ville, Ma	ryland	<u> </u>	Mor	ntgomery
DIRECTOR	MD Mon	tgomery		ry, rown or ockvil	Location Lle, Mary	land			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	-0			101, ZIP CODE	20.14		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	9701 Viers Drive	12. WAS DECEDENT EVE	EQ IN U.S. ARMED	13 WM	20850	ISPANIC ORIGI	17 (Specify Year)	USA	RACE — American Indien,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 2 NO	If y	res, specify Cuben, R YES 2 NO	lexican, Puerto		45.0	Black, White, etc. Specify: White
ETED	15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			work done dui use retired.)	ring most of working		, KIND OF BUSIN		
COMPLET	12th 17. FATHER'S NAME (First, Middle, Last)		Feder	al Gov	t Emplo		Federal		rnment
BE CC	Andrew I. Snesrud					n Berg		arreme,	
TO B	19e. INFORMANT'S NAME (Type/Print) Mildred Snesrud				Street end Number or				
	200. METHOD OF DISPOSITION		20b. PLACE OF DISP		s Drive,				or Town, State
	1 Duriel 2 Cremation 3 Red 4 Donation 6 Other (Specify)		Georgeto		lical Sch		Wash	ingtor	n, D. C.
- 8	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE C	a. /	Rob	oert G. M	ason F		_	Inc.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE	ufero on:	helem	to	more	te.	5 45
MEDICAL	PART II. Other algniticent condition	ona contributing to dee	th but not resultin	g in the und	erlying cause giv	en in Part I.	24a. WAS AN A PERFORM 1 YES 2	AED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		отнея	28. PLACE OF DEA	TH (Check only o	one)		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	1 Inpatient 2 ER/ 28e. DATE OF INJL (Month, Day, Ye	JRY 28b. 1	4 Nursi	ng Home 6 Resk 28c. INJURY AT WORK? 1 YES 2	28d. D8	er (Specify) E\$CRIBE HOW IN	JURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF IN.	JURY — At home, farm (Specify)	n, street, facto		28f. LO	CATION (Street ar y or Town, State)	nd Number or i	Rural Route Number,
ш		/SICIAN; To the best of my i	knowledge, death occ	arred at the tin	ne, date and place, a				
OMP	(Check only	NER: On the basic of exami	nation and/or investiga	itlon, in my op	inion, death occured	at the time, da	te and place, end	due to the c	euse(a) end manner as stated
TO BE COMPLET	(Check only 1 CERTIFY ING PATONE) 2 MEDICAL EXAMI	of MI	2			SE NUMBER	> and place, end		euse(a) end manner as stated.
	(Check only one) 2 MEDICAL EXAMI	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (7)	rpe, Print)	29a. LICEN	SE NUMBER	>		

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMI			IENTAL HYGIENI REG. NO.	91	0 2	27226
į	1. DECEDENT'S NAME (First, Middle, Last)	ms	ř.			2. DATE OF DEATH MONTH & DA	'A8 6	3. T	137 AM
1		SEX 6. AGE (In yrs.	YRS. F U	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 10.1	0. E	BIRTHPLAC Country)	CE (State or Foreign
H.	9a. FACILITY NAME (II not institution, give street a Washington County RESIDENCE OF DECEDENT	·	9b.		R LOCATION OF DE		9c. COUNTY		1
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, TO	WN DR LOCATI	ION			10d	I. INSIDE CITY LIMITS?
- 1	Mcl. Wash	ington		Smith.	ZIP CODE		10g. CITIZEN		YES 2X ND
FUNERAL	Rt 2 Box 222 11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S.				C ORIGIN? (Specify Yea	or No- 14.		M.S.A
B	1 Never Married 2 Married 3 Wildowed 4 Divorced				2 NO Specify:	, Puerto Rican, etc.)		Specify: Whi	
LETED	15. DECEOENT'S EOUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co		(Give kind of work of life. Do NOT use reti	lone during mos red.)	N at of working	16b. KIND OF BUS		RY	
COMPL	17. FATHER'S NAME (First, Middle, Lest)		House	wife	18. MOTHER'S NAM	AE (First, Middle, Maiden	Home.		
BE C	Martin L. Smith					ce M. Brown			
0	19a. INFORMANT'S NAME (Type/Print)			Contract Contract		loute Number, City or Town		de)	
-	James O. Toms 200. METHOD OF DISPOSITION	20h Bt /	Rt 2			owrg, Md. 2	7783 CATION — City	or Town	State
	1 M Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State other	Rose Hi	el Cer	netery	Н	agerst		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Par	D	Day	id address of fac LLS Funer 3 Box 78		ra.Md.	217	83
	23. PART I. Enter the diseases, or com shock, or heart fellura. List IMMEDIATE CAUSE (Finel			nter the mo	de of dylng, such	as cardiec or respi	ratory arreat,	,	Approximate Interval Between Onset and Death
	disease or condition resulting in deeth)	Cardio fu	CHONES ESEQUENCE OF:	y A	rest				
NO	Sequentially list conditions,	PUE TO FOR AS A COL	UTA ISEQUENCE OF):	*	,				
CATI	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	MPPER GA	STROZ/	NTES	TINAL	BLEED J SCULAR	N6		
CERTIFICATION	that initieted events resulting in death) LAST	ATHEROSC	LEROT	Ic CA	HEDTOVAS	SCULAR	286	45E	
AL	PART II. Other algnificant conditions co	TSCHEMIC	ot resulting in th	e underlying FCKS	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
2						_		'	YES 2 NO
CIA		OSPITAL:		HER:	ACE OF GEATH (Ch				
PHYSICIAN: MEDIC	1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ	URY AT PRICE	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCUR	ιΕΟ	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, stree			281. LOCATION (Street City or Town, State)		Rural Route	e Number,
COMPLETED	(Crieck Only	N: To the best of my knowledge							
S	A	on the besis of examination and	G/or investigation, In	my opinion, d					
38 C	29b. SIGNATURE AND TITLE OF CERTIFIER	ffrey X.	aylor	MD	29c. LICENSE NUI	3019	▶ 8	30	190
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH R MD - 3	(ITEM 27) (Type, Prin	TIETAN	1 ST. feut	e303 HAG	ERSTON	JNIN	190 14.71740
	31. DATSEPE WITT DISTO	Julia Davidson	DE						

Silver and the second s

-	Pages 1, 2, 3		rmej
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND N	MENTAL HYGIEN REG. NO		27227
	1. DECEDENT'S NAME First, Middle, Last)	dA		Thon	nas	2. DATE OF DEATH DO	× >	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
	218-24-9981		2 1 1 1 2 2	8		April 19,1		wnsville, Md.
正	9a. FACILITY NAME (If not institution, give at				WN OR LOCATION OF DE	ATH	9c. COUNTY	
5	Washington County RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		40- 00		erstown		Washin	
DIRECTOR	Maryland Was	hington		10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? POONSBORO 17 YES 2				
FUNERAL	100. STREET AND NUMBER 621 N. Main St.			101. ZIP CODE 21.71.3				OF WHAT COUNTRY? S. A.
NS I	11. MARITAL STATUS	12. WAS OECEDENT EVER I			DECENDENT OF HISPAN			RACE — American Indian.
B≺	1 Never Married 2 Married 3 Widowed 4 Olivorced	FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO ATES		s, spacify Cuban, Maxical YES 2 NO Specify		M	Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT	S USUAL OCCU work done during use retired.)	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	RY
MPL	12		Sanita	ation C	fficer	U.S.	Govern	ent
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE	Norman Thomas 19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (SI	Doroth	V Hopkins Route Number, City or Tow	rn, Stata, Zip Coo	de)
6	Mary C. Thomas		- Car Car - Car		n St., Bo			
	20a. METHOD OF DISPOSITION 1 Grant 2 Gramation 3 Gram 4 Donation 5 Gramation 3 Gram	oval from State	b. PLACE OF DISPO other place) BOONSDOY		of cometery, cremetory or terv		cation — city	or Town, State Md. 21713
	21. SIGNATURE OF FUNERAL BUILDINGS	TEL. D. L.			ME AND ADDRESS OF FA	CILITY		
	John Ba	st, Jr.		BAS	T FUNERAL			sboro Pike
	23. PART i. Enter the diseases, or a shock, or heart failure.		d tha death. Do	not antar the	mode of dulna such	h se cardiec or man	Instant amount	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. and	A CONSEQUENCE	ave	35 +	The section of temp	iretory strest	Interval Between Onset and Death
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO (OR	lac 1	go a	est excla(caselo	1 Lero	Kon	Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE	go a	est Caselo	1 Lero	Xon	Interval Between Onset and Death
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE	OFF:	est (relia) Caselo	interc o vas	KOS CUR KU	Interval Between Onset and Death
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32. REGISTRAR'S SIGNATURE Lulia Tavidson Randall

SEP 18 '90

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THE STREET HAME FIRE, MADE LAND AND THE STREET HAME FIRE MADE AND		j	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND MI	ENTAL HYGIENE	90 2	7228
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THE COUNTY MANUE OF OR INSTITUTION OF INSTITUTION O				R	Tr	ippe				5.00 A M
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THE STATE AND ALMANDE ADDRESS OF PRESCRIPTION OF PROJECT ON THE PROJECT OF THE PR		5	RESIDENCE OF DECEDENT		10c. CI	Y TOWN OR LOCAT	ION			10d. INSIDE CITY
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The control of the state of the	1146 ng physician ne burial-tra		11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Maxican,		Black,	<i>r</i> :
The control of the state of the	03-3 attendir	- 11	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATIO	N et of working	18b. KIND OF BUSI	NESS/INDUSTRY	White
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ETTEST E, Race ETTEST E, Race Institute Institu	AND he hosy detache	WO.		4	reaction					
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The state of the s	S may be ctor, page		20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Remo	20b	PLACE OF DISPO	SITION (Name of cen		20c. LOC		
The state of the s	Page al direct			ENSEE	1		ID ADDRESS OF FACI			
22 PART I. Enter the diseases, or complications that caused that death. Do not anter the mode of dying, such as cardiac or respiratory arrest, independent of the property of	2 0 2 0		Hanisan E	Luner	d	312	S. Talbot	St. St. M	lichaels,	Maryland
OBSESSED TO CONTROLL TO THE PROPERTY OF THE PR	ours aft or remo		shock, or heart failure. I			not anter the mo	de of dying, such	ss cardlac or respin	atory arrest,	Approximeta Interval Between Onset and Daath
Sequentiality list conditions, ff sry, leading to immediate cause. Entar UNDERLYNG CAUSE (Disease or injury that initiated events require the finitiated events required to figure that initiated events	- A =		disease or condition	Respui	otny	ai	lure			
TO CO SORD THE LITE OF DEATH The state of the contribution of th	4 b 0 g	z		DUE TOUTOR AS A	el s	ne u m	nia			liveek
THE INITIATION OF PERSON WHO COMPLETED CAUSE OF DEATH (THEM 27) (Type, Print) The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) manual resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) manual resulting in death) LAST The Initiated events resulting in death) LAST The Initiated events resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) manual resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) manual resulting in death) LAST The Initiated events resulting in death but not resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) manual resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) and manual resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) and manual resulting in the underlying cause Given in Part 1. 24a. Was an autopsy per complete to the cause (a) and manual resulting in the underlying cause Given in Initiation of the last of the cause (a) and manual resulting in the underlying cause Given in Initiation of the last of the cause (a) and manual resulting in the underlying cause Given in Initiation of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last	OX 13 sician and whor to by traumat	ATIO	If sny, leading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	CO 10 P2	aura	eal di	Jens	tweek
PART II. Other significant conditions contributing to death but not resulting in the underlying cases in the first incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting to death but not resulting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval incompleting in the underlying cases in the interval interval in the interval i	O. BC certificat ling phy ygiene p	TIFIC	that initiated events	DUE TO (OR AS A	- 0		4 100	cardon	acte.	1000
PERFORMED? COMPLETED C				i.		1	10 100	W D	wing	,
THE PROPERTY OF THE PROPERTY O	0 = 28 =	DICAL	PART II. Other significant condition:	contributing to death b	eut not resulting	in the underlying	calise given in P	PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
THE CONTINUE OF PEACH PLANE OF PEACH	- 5 5 5 E							-	'	1 YES 2 NO
28a. DATE OF INJURY AND SUDDAY STATE OF SEATH 28a. DATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIPTION OCCURED 28d. DESCRIPTION OCCURED 28d. DESCRIPTION OC	2 Se as as 22	CIAN		HOSPITAL .		·	ACE OF OEATH (Chec	ck only one)		
NO SHOP THE WITH A COURT OF THE STATE OF THE	VIT ICIAN: entifica the Str	IVSI		Inpatient 2 ER/Outs		4 - Nursing Hom			HIRV OCCURED	
Suicide Suicide Suici			Natural 5 Pending			JURY WO	PRK?	280. DESCRIBE NOW IN	JOHT OCCURED	
DECENSE NUMBER 20 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and mann and a place of the cause (a) and mann and a place of the cause (b) and mann and a place of the cause (c) and a place of the cause (c) and mann and a place of the cause (c) and mann and a place of the cause (c) and a place of the	USIO UTTEND CTOR: A after d	TED	3 Suicide 8 Could not be			street, factory, offic	a	28f. LOCATION (Street as City or Town, State)	nd Number or Rural Ru	oute Number,
29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987) 29d. DATE SIGNED (Mohin, Dec. 1987)	= 3 \ \ \ =		(Check only			See all other party	A STATE OF THE PARTY OF THE PAR	Chromes the contract		and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SO 8 I DLE WILD AVE 31. DATE FILED (Month, Day, Year) 32. REGISTMAN'S SIGNATURE	문 분 등 6	BE	28 SIDANUSE AND TITLE OF CENTIFIER	and!) V	()	29c. LICENSE NUME	DO 2-12-	29d. DATE SIGNED	(Month, Day, Year)
31. DATE FILED (Month. Day, Year) 32. REGISTMAN'S SIGNATURE		2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)	508	IDLE	NILD	AVE
OFL TO OF BROWNING AND INCOME.			SEP 1 0 90	32. REGISTAR'S SIGN	JATURE PAR	delle	= A Man	THE PARTY OF THE P	- I Was	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. July after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely huve in by the funeral director, page 5 has stard within 22 hours after death with the State Dent, of Health and Mental Hivolene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
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2	22	3

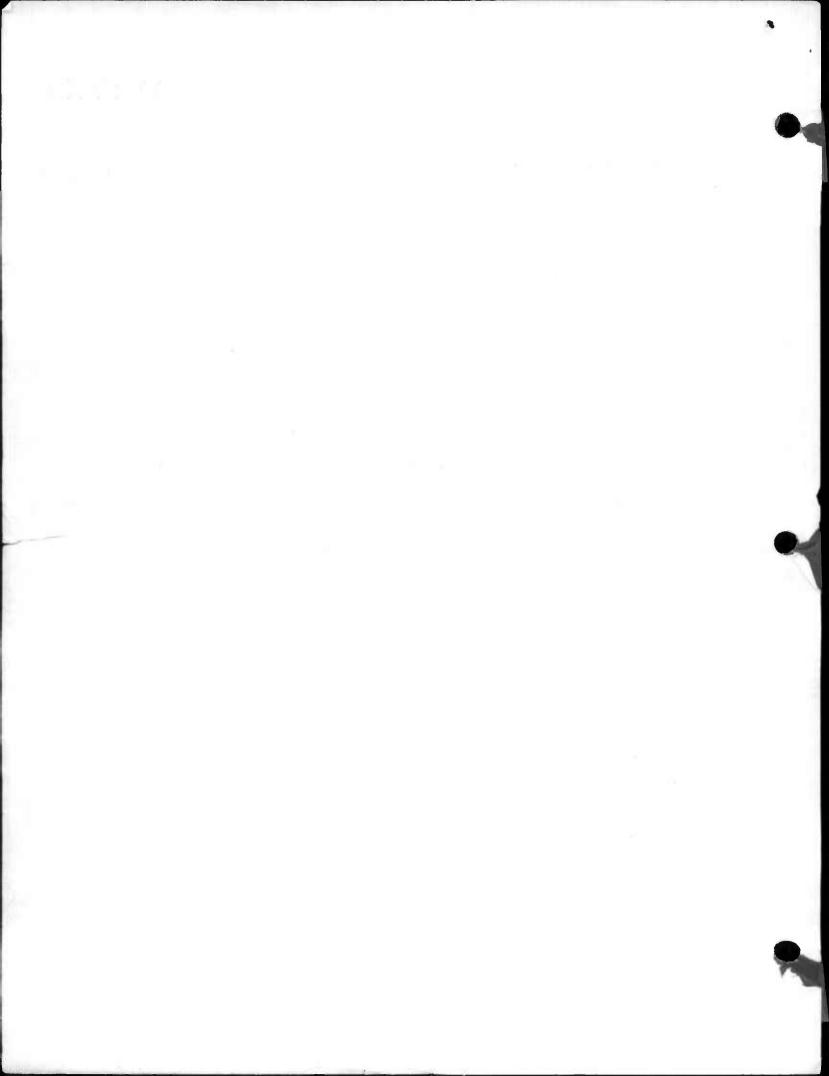
	FOR STATE REGISTRAR	STATE OF MARYL		ARTMENT IFICATE				GIENE G. NO.	90	2	7229
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY		SAR 3. TH	ME OF DEATH
	RICHARD GUY TWIGG.	SR.				\$	MONTH SEPTEMB				9:00 A M
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE	(In yrs. lest birthd			IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	Venet		Country	E (State or Foreign
	218125928 1	Λ	67 YR		DAYS	HOURS MIN.	Mar.	8,19	23	Mary.	land
DIRECTOR	SACRED HEART HOSP	ITAL	Ct	CUMBERLAND, MARYLAND				ALLEGANY			
ñ	10a. STATE 10b. COUNTY		10c.	CITY, TOWN C	OR LOCATI	ON				10d.	INSIDE CITY LIMITS?
	Maryland Alleg	jany			LaVa	ale					YES 2 NO
AL	10e. STREET AND NUMBER				101.	ZIP CODE		10	g. CITIZEN	OF WHAT	COUNTRY?
E	509 Maryland Str	reet				21502				US	A
BY FUNERAL	11. MARITAL STATUS 1	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ Morried IF YES, GIVE WAR OR DATES						cify Yea or f atc.)	No- 14	Black, White	merican indian, ia, atc. Thite
	15, DECEDENT'S EDUCATION	ON	16a. DECEDEN				16b. KIND	OF BUSINE	SS/INDUS	TRY	
	(Specify only highest grade com Elementary/Secondery (0-12) C	oliege (1-4 or 8+)	(Give kind	of work done of use retired.)	during mos	t of working					
립	7		Fork 1	Lift	Tru	ck Oper		Rub	ber		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	·				16. MOTHER'S NAM	ME (First, Middle,	Maiden Surr	name)		
BEC	Jarius Twigg					Sal	ly Di	eber	t		
10	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural R					
F	Mrs. Erma V. Twi					d Stree					
	20a, METHOD OF DISPOSITION 1-☑ Burial 2 ☐ Cremation 3 ☐ Removal	from State	b. PLACE OF DIS	POSITION (No	ame of cen	etery, crematory or	,			y or Town, S	
	4 Donation 5 Other (Specify)		Hillc			ial Par		Cump	eri	and,	MD
	2 SIGNATURE OF FUNE OF SERVICE LICENS	LI D				r Chape		the	Hill	1 e Ma	ortuary
	- Doughas D	- Hate	0			Nat'1					
	23. PART I. Enter the diseases, Dr com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on	each line.								Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS CAR CHOUN DUE TO (OR AS	A CONSEQUENCE	E OF): TRUCE OF OF):	TIN	t Lun E Lun	16	DISE	KE		
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions of PNFL	contributing to deeth		ing in the u	nderlyin	causa given in		WAS AN AUT PERFORME YES 2	D?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
ÿ											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		ACE OF DEATH (Chi	eck only one)				
PHYSI	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	r 28b.		28c. INJ	e 5 Reeldance URY AT RK? /ES 2 NO	6 ☐ Other (Spe 28d. DE\$CRIB		JRY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, te	nrm, street, fac			28f. LOCATION City or Tox	(Street end vn, State)	Number or	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA EXAMINER: 0	On the basis of axaminat									manner se stated.
	29b. SIONATURE AND TITLE OF CERTIFIER				•	29c. LICENSE NUR	MBER	2	9d. DATE	SIONED (Mor	oth, Day, Year)
38 C	HSight	m N	1.0.			D26907			191	2019	0
5	30. NAME AND ADDRESS OF PERSON WHO CO				FRO		MARYLA	ND 21	1		
	31. DATE FILEO (Month, Day, Year)										

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	FOR STATE REGISTRAR	STATE OF MARYLAND / Ce	ERTIFIC	CATE OF		REG. NO.) (3 61630								
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	v ve	3. TIME OF DEATH								
	Ellen Margaret Tho	mpson				MONTH PA	90	8:45 P M								
6		. SEX 6. AGE (In yrs. las	M/	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)		BIRTHPLACE (State or Foreign country)								
	7.7	□M2×F 73	YRS.			12-16-10		UNTINGTON, TN.								
~	9e. FACILITY NAME (If not institution, give street		9	city, town o Chester	R LOCATION OF DE	ATH	9c. COUNTY									
5	Kent & Queen Ann		Kent													
DIRECTOR	10e. STATE 10b. COUNTY	Δ	10c. CITY, 1	TOWN OR LOCATI	ION			10d. INSIDE CITY								
듬	MD, QUE	EN HNNE'S	CHI	URCH	HILL			LIMITS?								
AL	10e. STREET AND NUMBER			101.	ZIP CODE	7	1,10	OF WHAT COUNTRY?								
FUNERAL	1.0. BOX 7-	3			4164:	2	U.	SiAi								
5	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WÁS DECEDENT EVER IN U.S. AR FORCES? 1 1 YES 2	IMED NO	If yes, spe	cify Cuben, Mexice	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No— 14.	RACE — American Indien, Black, White, atc.								
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗌 YES	2 NO Specify	<i>:</i> :	_	Specify:								
	15, DECEDENT'S EDUCAT			SUAL OCCUPATIO		16b. KIND OF BUS	INESS/INDUST	RY								
	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5 +) #6.	. Do NOT use r	Am.	- 170		,									
MP	6	tion	1E CAR	E OF E	LUERLY	HEALT	H CA	RE								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.7.			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)									
BE		m WILSON			BLANG	HE !	110GLE									
2	198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHURLEY SCHUYLER POBOX 121 CHURCH / HLL. ND, 21623															
	200. METHOD OF DISPOSITION		OF DISPOSIT		HUKCH	141LL: K/L										
	20s. METHOD OF DISPOSITION 1 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. ACCATION — City or Town, State															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TOM HELFENBEIN															
	> Thomas K.	Helfenbein		KT#/	KILLIN	24,19 FUNE										
	23. PART I. Enter the diseases, or com	nplications that caused the date only one cause on each line	ath. Do not													
	IMMEDIATE CAUSE (Final	t only one cause on gath mis				5.4		Onset and Death								
	disease or condition resulting in death) a	ancie con	preto	· hes	Tto.	Marc.										
		DUE TO (OR AS A CONSE	JUENCE OF):	1:	T to											
ON	Sequantially list conditions, b	DUE TO (OR AS A CONSE	المنظول	OUA-	con	<u>.</u>										
AT	If any, leading to immediate cause. Enter UNDERLYING															
CERTIFICATION	that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):					CAUSE (Disessa or Injury								
E	resulting in death) LAST															
ш .	d															
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CAL	PART II. Other significant conditions of	contributing to death but not r	resulting in	the underlying	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
CAL	PART II. Other significant conditions of	contributing to death but not	rasulting In	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?								
CAL	PART II. Other significant conditions of	contributing to death but not	resulting in	the underlying	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
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32. REGISTRAR'S SIGNATURE
Julia Davidson



T.L.E.M.:	23	ber	IATE	
G-673	3/	16/	91	CM

G-673	3/16/91	CM
FOR		

NOCHITY WARE FINE INSTRUCTION IN COMPANY Sec. COUNTY OF DEATH	FOR STATE REGISTRAR		STATE OF I					HEALTH AND I	MENT	TAL HYGIENI REG. NO.	E 9	0	2	7231
ROBERT JEFONE SET 10-00 ROBERT JEFONE SET 10-	. DECEDENT'S NAME (First,	Middle, Last)									,	VEAR	3. TIA	E OF DEATH
SOCIAL SECURITY NAMES OF THE PARTY OF THE STATE OF THE S		Rob	ert j	erome		Ta	lber	t. Sr.			*	YEAH	1	0:45AM M
The control of the	SOCIAL SECURITY NUMB	ER							7. DA	TE OF BIRTH		6. BIRTH	PLACE	(State or Foreign
S. COUNTY OF DEATH Prince Georges General Hospital Disport Cheverly Brince Georges Co. British And Number Prince George's Upper Mariboro Vig. 1972 2 Ho Vig. 1972 2	78-76-0454		1 📈 M 2 🗌 F	33	YRS.	MONTHS	DAYS	HOURS MIN.						gton, DC
ESPICENCE OF DECEDENT THE ATTHE BY LINE ORDER THE ADDRESS OF THE	e. FACILITY NAME (If not ins	stitution, give atr	eet and number)			9b. CITY	r, TOWN	OR LOCATION OF DE			9c. COU			
a STREET AND NUMBER ### A JOYCECTON Way ### A JOY		ges Ge	eneral H	ospita.							Pri	nce (Geo.	rges Co.
STREET AND NUMBER **A JOYCETON Way **MARTAL STATUS** **MARTAL S					10c. CIT	ry, town	OR LOCA	TION						
A JOYCETON Way **MARTIAL STATUS** **MARTIAL		Princ	e George	e's	U	pper							21	
MANTIAL STRUE 12 WAS DECEDENT EVER IN U.S. ANABOD PROCESS 17 18 2 2 2 2 2 2 2 2 2							10	t. ZIP COOE			10g. CITI	ZEN OF V	WHAT C	OUNTRY?
Normal Normal Port		Way						20772						
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Control of the Cont		1											-	втаск
Sgt. Prince George's Co. Police ATHERS NAME (Pirk, Mose, Las) Obert Lewis Talbert It MOTHERS NAME (Pirk, Mose, Las) Obert Lewis Talbert It MOTHERS NAME (Pirk, Mose, Las) To MALE (Pirk, Mose, Las) To MALE (Pirk, Mose, Las) To MALE (Pirk, Mose, Las) To Many Mark (Pirk, Mose, Mose, Park (Pirk, Mose, Mose, Park (Pirk, Mose, Mose,	15. DECI (Specify only	EDENT'S EDUC highest grade of	Completed)	16a	(Give kind of	work done	during me	ON ost of working		16b. KIND OF BUS	SINESS/INC	DUSTRY		
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Dept Lewis Talbert Brandard Address (Street and Number of Rand Rook Number (Or or Rown, State 20 code) The MALING ADDRESS (Street and Number of Rand Rook Number (Or or Rown, State 20 code) The Street of Committee of Committ			3		agt.				_			ge's	Co	. Police
NECONATOR LANGE (PsperPrint) NEW MALING ADDRESS (Street and Number or Real Route Number City or Tourn, State). Zeb Code) 74 Joyceton Way, Upper Marlboro, Maryland 20772 New High Conference of Part State Stat								11/1/2017		C. SCHOOL STORY				
Retry V. Talbert 74 Joyceton Way, Upper Marlboro, Maryland 20772 8 METHOD OF DEPORT HIS STATE OF COMPANIES			rt											
METHO OF DEPORT Security Secu														
Doneston Doneston							_		r M	arlboro	, Mai	ry1aı	nd	20772
4739 Baltimore Ave., Hyattsville, MD 20781 APART I. Inher the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches, or heert failure. List only one cause on each line. HAPPERTENSIVE CARDIOMYOPATHY a. CARDIOMYOPATHY a. CHIEF CHARLES (Final issesse or conditions, any, leading to immediate aurse. Enter UNDERLYING AUXILIARY OUE TO (OR AS A CONSCOUENCE OF): d. COUE TO (OR	□ Donation 5 □ Other	(Squesty)	11	oth	er place)	1n Ce	emet	ery ND ADDRESS OF FA		Bre	ntwoo	od. N	Mar	yland
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28. PLACE OF DEATH (Check only one) 1. MANNER OF DEATH 1. Inpatient X ER/Outpatiant 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 28. PLACE OF DEATH (Check only one) 4. Mursing Home 6 Residence 6 Other (Specify) 5. MANNER OF DEATH 1. Inpatient X ER/Outpatiant 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 7. MANNER OF DEATH 1. Metural 5 Pending Investigation Investigation Investigation Investigation Investigation 2 Recident 8 Double Murber of Rural Route Number, 1 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 2 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 3 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 4 Number of Rural Route Number, 5 Number of Rural Route Number, 4 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 5 Number of Rural Route Number, 6 Number of Rural Route Number of Rural Route Number, 5 Numbe									_	MXXXES 2	□ NO			
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EXAMINER? NO HOSPITAL:												_1_		
A CERTIFIER (Check only one) The basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. The basis of person who completed cause of Death (ITEM 27) (Type, Print) The basis of person who completed cause of Death (ITEM 27) (Type, Print)		O MEDICAL	W000:					PLACE OF DEATH (C)	heck onl	y one)				
Month, Dey. Year) INJURY WORK?		- 1		ER/Outpatie	nt 3 🗆 ODA			me 6 🗆 Reeldence	6 🗆 0	Other (Specify)				
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2 Accident 3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number) 28t. LOCATION (Street and Number or Rural Route Number) 28t. LOCATION (Street and Num	_		(Month,	<i>υαγ</i> , τθα/)	"	M								
A Homicide determined building, etc. (Specify) Da. CERTIFIER (Check only One) Da. CERTIFIER 1 CERTIFIER 1 CERTIFIER On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner se stated. Da. SIGNATURE AND TITLE OF CERTIFIER Da. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2 Decident	11/2-1-0	28e. PLACE	OF INJURY -	At home, farm,	street, fee						or Rural	Route A	lumber,
(Check only 1 CERTIFYING PRYSICIAN: 10 the basic of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner see stated. P. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER CME 29d. DATE SIGNED (Month, Day, Year) 9-11-90 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			buliding	, etc. (Specify)										
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D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(Check only												(e) end	menner ee stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER	infhi	u					IMBER		29d. DA	TE SIGNE	D (Mont)	h, Day, Year) -90
				USE OF DEATH	(ITEM 27) (Typ		1 De	nn Stree	+ E	Raltimor	EM a	212	01	VC

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) SEP 1 4 '90

22. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

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_		STATE (F MARYLAND / DEPA CERTII	RTMENT OF H FICATE OF		NTAL HYGIENI REG. NO.	91	27232		
		1. DECEDENT'S NAME (First, Middle, Last) DONALD	TREGIA	NOWA		MONTH DA	, å	ar 3. TIME OF DEATH P		
		4. SOCIAL SECURITY NUMBER 5. SEX 1 🖾 M 2	6. AGE (In yrs. last birthday 70 YRS.	MONTHS DAVE	IF UNDER 24 HRS. 7 HOURS MIN. A	Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Washington.D.C		
S S S	H.	9a. FACILITY NAME (If not institution, give atreet and number SOUTHERN MARY LAND	*	96. CITY, TOWN O	R LOCATION OF DEAT		PRIN	OF DEATH ICEGEORGIE		
ages 1; 2	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Prince Geor	10c. C	ity, town or location arlow Heights						
permit. P	- 11	100. STREET AND NUMBER 4217 28th Ave./	565		ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit permit. once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried FORCEST IF YES, G	EDENT EVER IN U.S. ARMED 1 YES 2 NO IVE WAR OR DATES	If yes, spe		ORIGIN? (Specify Yea Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
21203-3146 tal or attending phys for use as the buri		15. DECEDENT'S EDUCATION (Specify only highest grade completed)	1947	'S USUAL OCCUPATIOn work done during most use retired.)	N It of working	18b. KIND OF BUS	INESS/INDUST			
AND 2120. The hospital or att detached for use once.	COMPLETED	Elementary/Secondary (0-12) Collega (1-4		taller		C & P Te		ne Co.		
# & K	ш	17. FATHER'S NAME (First, Middle, Leat) Henry T. Treganowan				(First, Middle, Maiden : Bachtell	Burname)			
MARYL. be retained by the 5 should be notified at	TO B	190. INFORMANT'S NAME (Type/Print) Katherine Baber Tregano					Number, City or Town, State, Zip Code) Marlow Heights, MD. 20748			
ORE, e 6 may be rector, page		20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremetion 3 ☐ Removal from \$1 in 4 ☐ Donation 5 ☐ Other (Specify)	other place)	politan C			exandr	or Town, State		
BALTIMORE, after death. Page 6 may i by the funeral director, pag moval.	İ	21. SHOMATURE OF FUNERAL SERVICE LICENSEE	1. Shalan	22, NAME AN	D ADDRESS OF FACIL		4308 S	Suitland Rd. and, MD. 20746		
the medica		23. PART I. Enter the diseases, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Approximate Interval Between Onset and Death ACUTE MYOCAR DIAL INFARCTION Approximate Interval Between Onset and Death							
13146, proced within and completely or burial, crema matic event,	Z	6 b.	CORONAR	Y AR	TERY	DISEN	i e			
Z be t	CATIO	cause. Enter UNDERLYING	JE TO (OR AS A CONSEQUENCE	OF):			•			
	CERTIFICATION	that initiated events resulting in death) LAST	JE TO (OR AS A CONSEQUENCE	OF):						
RDS, F that the deat d by the att n and Menta iny injury,	CAL CI	PART II. Other significent conditions contribution	ng to death but not resulting	g in the underlying	g ceuse given in Pa	art I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
RECORDS, F law requires that the deal size been signed by the att been signed by the att begt, of Health and Menta 23 shows any Injury.	MEDIC	DIABETES	MELLITU	لا -	_	1 YES 2	₩ NO	COMPLETION OF CAUSE OF DEATH?		
23 best b	SICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER?			ACE OF OEATH (Check	conty one)				
V ICLAY the the	PHYSIC	1 YES 2 NO 1 Inpetier 27, MANNER OF DEATH 28s. DA	t 2 ER/Outpatient 3 DOA TE OF INJURY 28b, T	TIME OF 28c. INJ	e 5 Residence 8 URY AT 2 RK?	Other (Spec/ly)	NJURY OCCUR	ED		
	BY	1 Natural 5 Pending 2 Accident Investigation 3 Salicide 28s. PL	ACE OF INJURY — At home, farm	M 1 🗆 1	rES 2 NO	18f. LOCATION (Street a	and Number or I	⊰ural Route Number,		
DIVISION OR ATTENDING DIRECTOR: After hours after death	ETED	4 Homicide determined	iding, etc. (Specify)			City or Town, State)				
HOSPITAL O FUNERAL D WITHIN 72 ho	COMPLET	Check only MEDICAL EXAMINER: On the bes						use(a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 3	BE	296. SIGNATURE AND TITLE OF CENTIFIER	~		29c. LICENSE NUMB	12	29d. DATE SI	GNEO (Month, Day, Year)		
	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH (ITEM 27) (7)	ype, Print)						

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

100 PP35

31. DATE FILED (MONTH, Day, Your)
SEP 1 1 90

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis and the attending physicis and the state death with the State Death of Health and Morrial Horizon print
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1160	1	FOR STATE REGISTRAR		STATE OF I				OF DEA			HYGIENI REG. NO.	C	20_	27233
		1. DECEDENT'S NAME (First		•	THOR	IAS				2. DATE OF	F DEATH DAY		YEAR 3	2/04 M
		4. SOCIAL SECURITY NUMBER 213-12-1197 1XXM 2 F			6. AGE (In yrs. 70	lest birthday) YRS.	MONTHS C	EAR IF UNDE	ER 24 HRS. MIN.	7. DATE OF (Month, P 9-1	of Birth in, Day, Year) -15-19 a. BirthPLACE (State or Foreign Country) Maryland			
N.		9e. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH					
DIBERTOR	5	Washington		ntist Hos	p.		Tak	oma Pa	rk, M	id.		Prin	nce G	Georges
1 5		10e. STATE	10b. COUNT	Υ		10c. Cf1	Y, TOWN OR	LOCATION					1	IOd. INSIDE CITY
		D.C.		ī/a		Was	shingt							LIMITS?
FINEDAL		4529 - Ill		Ave., N.	W.			200					I.S.A	AT COUNTRY?
BV FIIN		11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 X IF YES, GIYE WAR WW 1				2 NO If yes, specify Cuben, Mexicen, Puerto I				n, Puerto Rici	Rican, etc.) Black, White, etc. Specify:			
			CEDENT'S EDU		1	DECEDENT	USUAL OCC	IDATION		165 Ki	IND OF BUS	INESS/INDU		Black
Once.		(Specify on Elementary/Secondary (I	ly highest grade	College (1-4 or 5		(Give kind of Ilfe. Do NOT u	work done dur ise retired.)	ing most of worl	king			ilabl		
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TO BE		190. INFORMANT'S NAME (s, Wife				nois A					2001	11
must be		20s, METHOD OF DISPOSIT	TION on 3 🗆 Rem		other	CE OF DISPO	SITION (Name	of cemetary, cri	emetory or		20c. LO	CATION — C		
	-	4 Donetion 5 Other		CENSEE	_ Hai	rmony		ial Pa		CILITY	Lan	idover	, Ma	1.
examiner		1 Al	Ita		ackust	874	Hac	kett's - Upsh	Fune	eral C			· .	
Heolica		23. PART I. Enter the d	lisassas or											
26		shock, or h iMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	eart fellure.	List only one ca	use on each l	ine.						ratory erre	est,	Approximate Interval Between Onset and Death
event, the	ICALICIA	iMMEDIATE CAUSE (Fi disease or condition resulting in deeth) Sequentielly liet condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inj	tions, ediete	a. Opero	OR AS A CON	SEQUENCE (eator	uje				ratory erre	est,	Interval Between
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28 is marked, or item 23 shows any injury, or other traumatic event, the	BE COMPLETED BY PATSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisesse or condition resulting in deeth) Sequentielly liet condition resulting in deeth) Sequentielly liet condition resulting in deeth if sny, leading to immer cause. Enter UNDERLY CAUSE (Disesse or injutted in the construction of the country of the condition of the country of the condition of the country of the country of the condition of the country of th	tions, poliete (ING ury ST Condition) TO MEDICAL Pending Investigation Could not be determined	BICIAN: To the basis of	DO (OR AS A CON O (OR	SEQUENCE (SEQUENCE (OTHER: OTHER: A United ME OF JURY M attreet, lector at the tim ton, in my opi	26. PLACE OF 26. PLACE OF 36c. INJURY AT WORK? 1 YES 2 y, office e, date end pla nion, death occ	BEATH (Ch. Residence NO	Part I. 2 B Other (: 28d. DESCI 28f. LOCAT City or to the cause time, date et	24a. WAS AN PERFORM 1 YES 2 (Specify) RIBE HOW II FION (Street & Town, State)	AUTOPSY IMEO? NJURY OCCI and Number of	24b. V	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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V. A. 1. 15. 15. 1

	1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	111	27234		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATN		
	Frank Par	ul	Trusen		9 4	90	9:16 A. M		
		5. SEX 8. AGE (In y	77	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		RTNPLACE (State or Foreign puntry)		
	219-80-5258	1 X M 2 □ F 3	O YRS. MONTH	B DAYS HOURS MIN.	Nov. 24,		lifornia		
	9a. FACILITY NAME (If not institution, give stre	set and number)	9b. C	TY, TOWN OR LOCATION OF D		9c. COUNTY C			
8	Doctor's Hosp	pital		Lanham	Lanham Prin				
DIRECTOR	RESIDENCE OF DECEDENT		Lan out tour	N OR LOCATION					
뿔		01-					10d. INSIDE CITY LIMITS?		
	Maryland Prince	George's	New Ca	rrollton		40- 01717771	1 X YES 2 NO		
A A	8314 Cathedral Ave	07110							
FUNERAL		12. WAS DECEDENT EVER IN U	e anuen	20784	NIC ODIGINA (Carally Var		S.A.		
E	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, specify Cuban, Maxico	m, Puarto Rican, atc.)		Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	is	1 YES 2 XNO Specif	y:	3	white		
0	15. DECEDENT'S EDUC	ATION 16	6a. DECEDENT'S USUAI		18b. KIND OF BU	SINESS/INDUSTF			
<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most of working d.)					
트		2 Years	Salespers	son	Garfink	le's De	pt. Store		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Meiden				
BEC	Paul H. Trusen			Wanda	Kelly				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural		n, State, Zip Code	9)		
유	Paul H. Trusen (Fa	ather)	8314 Cat1	nedral Avenue	New Carro	ollton.	Md. 20784		
	20g METNOD OF DISPOSITION 1 A Burlal 2 Crymetlon 3 Remo	20b. P		(Name of cemetery, crematory or	20c. LO	CATION — City of	or Town, Stata		
	4 Donation 5 Other (Specify)	/// Gat		en Cemetery 22. NAME AND ADDRESS OF FA	Si1	ver Spr	ing, Maryland		
	21. SIQNATURE OF TUNESTAL DESIVICE LICE	# 1) 1		22. NAME AND ADDRESS OF FA	CILITY				
	- / much	1 / Dish	a -	Francis Gasch 739 Baltimore	s sons Fu	neral H	ome, P.A.		
	23. PART I. Enjer the diseases, or co		ha death. Do not er	tar the mode of dying, su	ch as cardiac or resp	iratory arrest,	Approximate		
	aheck, or heart failure. L. IMMEDIATE CAUSE (Final	ist only one cause on aec	h line.				Interval Between Onset and Death		
	disease or condition	Multiple :	Injuries						
	resulting in deeth)	DUE TO (OR AS A C							
Z									
1 2	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):						
S	cause, Enter UNDERLYING CAUSE (Disease or Injury								
E	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						
CERTIFICATION	resulting in death, CAST								
AL C	PART II. Other algnificant conditions	contributing to death but	not resulting in the	underlying cause given in			24b. WERE AUTOPSY FINDINGS		
5					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							OF DEATH?		
2							Y-Y-		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)				
SIC	EXAMINER? 1\XXYES 2 □ NO	HOSPITAL: 1 Inputiant XX ER/Output		1ER: Nursing Nome 5 ☐ Realdence	8 Other (Specify)				
₹ [27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	20c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURE	D		
BY P	1 Natural 5 Pending 2 Accident Investigation	9-4-90	8:30A		driver in	auto/b	us impact		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	- A1 home, farm, street,	factory, offica	28f. LOCATION (Street City or Town, State	end Number or R			
	4 Homiside determined		oad				ck Rd., Lanham,		
	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the bast of my knowled	doe, death occurred at 1	he time, data and place, and du			Md.		
	0001 / /	R: On the basis of examination a							
MP	MEDICAL EXAMINES								
COMPLETED	200. SIGNATURE AND THE ON CERTIFIER			29c. LICENSE NI	IMBER	29d, DATE SIG	SNED (Month, Day, Year)		
B	MEDICAL EXAMINER			29c. LICENSE NU			GNED (Month, Day, Year) 9-5-9()		
	MEDICAL EXAMINER	_	IN (ITEM 27) (Type, Print)	29c. LICENSE NU OCMI			9-5-90		
8	296. SIGNATURE AND THE DOC CERTIFIER	O PRETED CAUSE OF DEAT			Ξ				
B	290. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	O PRETED CAUSE OF DEAT	111 Pe	OCMI	Ξ	•			





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SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospita	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached 1 hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT. Is the modern or them 23 shows any linear as other fraumatic ment the medical available must be mailtined at once
(1)	27	- 6

31. DATE FILED (Month, Day, Year)
SEP 1 0 90

	- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		RTIFICAT	E OF	DEATH	REG. NO. 2. DATE OF DEATH MONTH DATE		90 272 YEAR 3. TIME OF DEAT		
	BEATRICE DORC	S. SEX 6. AGE (In yrs. last i	historia e man			09 02		90 8 05P		
	And the West of the Paris of th	1 M 2 F 81	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 02/14/09		8. BIRTHPLACE (State or For Country) Washington		
	9e. FACILITY NAME (if not institution, give size		9b. CIT	Y, TOWN OF	LOCATION OF DE		9c. COU	INTY OF DEATH		
OR	PRINCE GEORGE'S	HOSPITAL CENTER	CHE	EVERLY	<u> </u>		PRI	NCE GEORGE'S		
ECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATIO	ON			10d. INSIDE CITY		
DIR	Maryland Princ	e George ^t s	Seabro	ook				YES 2		
LONGUAL	10e. STREET AND NUMBER			101.	ZIP CODE			IZEN OF WHAT COUNTRY?		
	6709 04th Avenue	12. WAS DECEDENT EVER IN U.S. ARM	ED 12	WAS DECE	20706	IC ORIGIN? (Specify Yea		U.S.A. 14. RACE — American India		
- 1	1 Never Married 2 Merried	FORCES? 1 YES 2 NO		If yes, spec		, Puerto Rican, etc.)	or No-	Black, White, etc.		
	3X Widowed 4 Divorced							Wh		
3	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted) (Give	EDENT'S USUAL (kind of work done to NOT use retired.	e durina mosi	N t of working	16b. KIND OF BUS	SINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	usewife			Ow	n Ho	ome		
COMPLE	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Malden				
1	Irving L. Sheckel				Lula R					
?	William F. Cherry	100				loute Number, City or Tow		and 20706		
	DOS METHOD OF DIPROPITION	a 200 00 400 0	F DISPOSITION (elery, cremetory or			City or Town, State		
	1X Burial 2 Crematio 3 Remo	/ / / / / / / / / / / / / / / / / / /	Lincoln				entwo	ood, Marylar		
	21. SIGNATURE OF FUNERAL SERVICE LICE	79 / //	22 F	ranci	ADDRESS OF FACE	's Sons F	uner	al Home, PA		
- 3	1 put	John						ville, MD 2		
	23. PART i. Enter the diseases, or co	omplications that caused the dealist only one cause on each line.	th. Do not ente	er the mod	le of dying, suci	n as cardled or respi	ratory sr	reat, Approxim		
	immediate cause (Fine) disease or condition resulting in death) Jentitic cutture political cerebro-carche variety depends									
	resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF):	ue	120 10 ° C	CKVCE (-10	em	a dollar		
	Sequentially list conditions,									
ENTINATION	it any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	JENCE OF):					ĺ		
	CAUSE (Disesse or Injury that Initieted events	DUE TO (OR AS A CONSECU	UENCE OF):							
	resulting in death) LAST									
נ	PART II. Other significant conditions	contributing to death but not re	suiting in the	underlying	ceuse given in			24b. WERE AUTOPSY F		
2	Deneral Wan	love miden	19,0	steop	porous	PERFOR	MED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?		
MEDICAL				V		_	•	1 🗆 YES 2 🗆		
AN.	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:	OTHI	ER:	ACE OF DEATH (Ch	6 Other (Specify)				
H	27. MANNER OF DEATH	The DATE OF PROPERTY	28b. TIME OF	28c. INJU	JRY AT	28d, DESCRIBE HOW	NJURY OC	CCURED		
	1 Netural 5 Pending 2 Accident Investigation	April 90	mysva	1 🗆 Y	ES 2 NO	Fell on	her	feet		
	3 Suicide 8 Could not be	PLACE OF INJURY — At horn building, stc. (Specify)		ectory, office		28t. LOCATION (Street City or Town, State	and Number	Wor Rural Route Number,		
	4 Homicide determined		/		4	01017	7/1	LE CATIVA		
ETED BY	290. CERTIFIER	- //	dh annumad -4 th	time det	and place and d	to the accordate of		-11		
ETED BY	290. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of my knowledge, deate: On the best of examination end/or in								
E COMPLETED BY F	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, dea				time, date end place, as	nd due to t			

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	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Surs	. DIRECTOR; After this certificate has been signed by the attending physician and completely filled in to	house after death with the State Dent of Health and Mental Hyriene prior to busial, cremation, or rec
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	=	8	44
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SEP 1 4 90

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR ERTIF					MENT	AL HYGIENI REG. NO.	E	90	27236
	1. DECEDENT'S NAME (First	Middle, Lest) Eliza	beth	Talk	oot					2. DAT			YEAR 90	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 196-14-7260		5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not in		treet and number)	<u> </u>		9b. CITY	, TOWN	OR LOCATI	ON OF DE		713723		Tyron	
DIRECTOR	4705 Tucker	man St	reet				Riv	erda	1e			Pri	nce G	eorge's
<u>n</u>	10a. STATE	10b. COUNTY	1		10c. CIT	ry, TOWH (OR LOCA	rion					1	Od. INSIDE CITY
뚬	Maryland	Pri	nce Geor	ge's		Rive	rdal	.e					- 1	LIMITS?
AL	10a. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF WH	AT COUNTRY?
띨	4705 Tucker	man St	reet					2073	7			U	.S.A.	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 7			TEVER IN U.S. AI YES 2 X WAR OR DATES			If yes, sp		in, Maxica	n, Puert	alN? (Specify Yea o Rican, atc.)	or No-	14. RACE - Black, 1 Specify:	
		EDENT'S EDU	CATION	160.0	ECEDENT'S	LIGUAL O	CCUIDATE	ON		1.	6b. KIND OF BUS	INESS (IN	DIETEV	White
COMPLETED		ly highest grade		(0	Give kind of a. Do NOT u	work done	during mo	ost of world	ng	ľ	os. KIND OF BOS	INEQQ/INE	JUSTAT	
MP	12th		2	Ta	ax Co	nsul	tant	_			H&R B			
	17. FATHER'S NAME (First, M										t, Middle, Maiden	Surname)		
BE	Clarence Du				A		0.601				temmer			
2	John Talbot	<i>уригин)</i>									iverdal			nd 20737
	20a. METHOD OF DISPOSIT 1 X Burlel 2 Criminal 4 Donation	on 3 🗆 Rem	oval from State	20b. PLACE other p	of Dispo								Od M	arvland
	21. SIGNATURE DI FUNERA	L HERVICE U	1/5	lan	~	F	ranc		asch	's	Sons Fu	nera	1 Hom	11
	23. PART I. Enter the depote the shock, or has a shock, or has a shock and the shock a	neart fallure. Nel	List only one car	use on aech lin	ia.	not anter	ths mo	ode of dy	ing, suc	h ss ce				Approximata Interval Between Onset and Daath
z	reauting in death)		a. COROL DUE TO ISCHE	OR AS A CONSI							4			2 yes
ATIO	Sequantielly list condit if any, leeding to imme cause. Enter UNDERLY	diate	CON	GESTILL OR AS A CONSE	EOUENCE C	OFI:	107	- F	ALL	un	2E			2 yes
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	EOUENCE C	167	U	TUS						3 yes
	PART II. Other significa	ent condition	e contributing to	deeth but not	regultlag	In the su	n de elule		alua la	Don't I	24a, WAS AN	ALETONOV	1 045 11	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL				outil out not	Tesaiting		ilider i y ili	y cause	given in		PERFOR	MED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ż														
당	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF (DEATH (Ch	neck only	one)			
YSI	1 TYES 2 12 NO		1 Inpatient 2			4 🗆 Nu	raing Hor		esidence		ther (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 6 2 Accident	Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	26d. D	DEŞCRIBE HOW II	NJURY OC	CURED	
	a Devlate	Could not be determined		OF INJURY — At h , atc. (Specify)	ome, farm,	street, fac	tory, offic	ca			OCATION (Street a ity or Town, State)	ind Numbe	or Rural Ro	ule Number,
COMPLET	anal		ICIAN: To the best of											and manner as stated.
BE	29b. SIGNATORS AND TITLE	1100	Z, A	ifi'	un	7)			ENSE NU		-		- 12-1	Month, Day, Year)
5	Lawrence S						uite	103	3, G	reer	nbelt, A	Mary	land	20770

32. REGISTRAR'S SIGNATURE Fundelle

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT				MENTAL HYGIE		91	27237
	1. DECEDENT'S NAME (First, Middle, Last)	B.	VER						2. DATE OF DEATH MONTH	9/	70	8:32 M
P	4. SOCIAL SECURITY NUMBER 212 24 3229	5. SEX 1 M 2 F	6. AGE (In yrs. let 87	st birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/26/03	1	Penn	LACE (State or Foreign
15	Washington Cou											
DIRECTO	Maryland Wash	ington			ry, town (IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			па	gers		. ZIP COD			10g. Cl		YES 2 NO
FUNERAL	1324 Potomac A	12. WAS DECEDEN	YT EVER IN U.S. AF		13.	WAS DEC	217		NIC O'RIGIN? (Specify Y	a or No-	USA 14. RACE -	- American Indian,
₹	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	МО			ecify Cub 2 📉 NO		nn, Puerto Ricen, etc.) /y:		Specify: Whi	te
ETED	15, DECEDENT'S EDU (Specify only highest grade Elamantary/Secondary (0-12)	CATION completed) College (1-4 or 5	(0	Sive kind of	work done work done			ing	16b. KIND OF B	USINESS/IN	DUSTRY	
MPL	12	College (14 or 5		omem	akeı	:			hom			
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Francis	Wrig	ht				12.15	rga:	AME (First, Middle, Maide Cet		vers	
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Numbe	r or Rural	Route Number, City or To	wn, State, 2	ip Code)	17/0
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, grematory or 20c. LOCATION — City or Town, State											
Sale Sale Sale Sale Sale Sale Sale Sale	1 & Burlei 2 Cremetion 3 Removal from State Rest Haven Cemetery Hagerstown, Md.											
examiner must be	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Funeral Home Hagerstown, Marylan											
CERTIFICATION	ehock, Dr heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CONC DUE TO DUE TO HY	GESTIL O (OR AS A CONSE NAL	COUENCE OF REAL	AIL	VR			LURE RE AM	VEN	ЙĄ	Interval Between Onset and Death
MECHIANI; IT ITEM 48 IS MARKED, OF REED 43 SHOWS ANY MINIMAN OF BE COMPLETED BY PHYSICIAN; MEDICAL OF	PART II. Other aignificent condition FRACTURET 25. WAS CASE REFERRED TO MEDICAL			_		HV.	R			DRMED?		NERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatiant	3 🗆 DOA	OTHE 4 - Nu	R:			8 Other (Specify)			
Y PH	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 1 Shelural 5 Pending 28a. DATE OF INJURY 28b. TIME OF 1 JURY 1 JUR									Ç		
TED BY												
COMPLETED	Country outh								e to the ceuse(a) and n a time, data and place,			and manner as stated.
TO BE C	GINGE MY	ilie,	MI),			0	57	00J	29d, D/	8/2	9/90
	30. NAME AND ADDRESS OF PERSON WI	MILIC	_, M.	D, -	- 81	0	DOI	IE	2 DR	HAG	ERS	TOWN_MD
	31. DATE FILED (Month, Day, Year) AUG 30 '90	32. REGISTR	AR'S SIGNATURE	on-R	indell							

Law W. War. Y.

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of a special

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retaine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be study within a first plant and Marrial Harison prior in hurlal cremation or common	to make while it class are even man to the control of the moderal examiner must be notified in MPORTANT. If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the moderal examiner must be notified.
y be	page	Pe
S ma	tor,	ust
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death	fun	exan
after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face and what has been after the first management of the property of the face that and Management of the face has the face that the first management of the face that and Management of the face that the	cai
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		IENT OF HEALT		REG. NO.	90	27238		
1	1. DECEDENT'S NAME (First, Middle, Lest)	entino	ZABETH	VALENTIN		2. DATE OF DEATH DAY	14 199			
	4. SOCIAL SECURITY NUMBER 220–66–9925	5. SEX 6. AGE (In)		UNDER 1 YEAR IF UN NTHS DAYS HOUF		7. DATE OF BIRTH (Month, Day, Year) 12-29-190	2 6.E	SIRTHPLACE (State or Foreign Country) IASSACHLIETTS		
	9a. FACILITY NAME (If not institution, give atm	1 ()	1 01	. CITY, TOWN OR LOC	ATION OF OEA	тн	9c. COUNTY	1		
STO	RESIDENCE OF DECEDENT	lland Hospita	A (A.)	Uin-	ton			.6.		
DIRECTOR	Maryland Prince	ce George's	ACCO	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT OF USA USA									
BY	3 □ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☒ YEO Specify: White									
TED	15. DECEDENT'S EOUC (Specify only highest grade of	ATION (1)	6a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of w	orking	16b, KIND OF BUS	INESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew:			Home				
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completely crematory or 20c. LOCATION City or Town. States									
	1 Buriel 2 M Cremation 3 Removal from State other (Specify) Huntt Crematory Waldorf, Md. 20604									
	21. TRIGHATURE OF PUMERAL BOSPICE/UCI	Later			uneral ox 156	Home , Waldorf				
	IMMEDIATE CAUSE (Final disease or condition	omplications that caused t Liat only on cause on eec	the death. Do not the line.	enter the mode of	dying, auch	as cardiac or respi	ratory arrest	Approximate interval Between Onset and Death		
	reauiting in deeth)	DUE TO (OR AS A C	ONSEQUENCE OF):		, , , .					
ATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
AL CE	PART II. Other significant conditions	contributing to death but	not resulting in	the underlying cau	se given in P			24b. WERE AUTOPSY FINDINGS		
MEDICA		mentea				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Y: ME			_			-		1 TES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE (OF DEATH (Chec	ck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	26b. TIME C	Nursing Home 5 D	T	3 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	€D		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 TYES	2 🗌 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif)	- At home, farm, stre	et, factory, office		281. LOCATION (Street e City or Town, State)	and Number or I	Rural Route Number,		
COMPLET	Corrock Orny	CIAN: To the best of my knowled R: On the basis of examination of						suse(s) and menner se stated.		
BE C	296. BIOMATURE AND TITLE OF CENTIFIER	i e		29c.	LICENSE NUM			GNED (Month, Day, Year)		
E	Strue	~			660	352	Þ 9	113 196		

913/ Iscataway

32. REGISTRAN'S SIGNATURE Pandalle

31. DATE FILED (Month, SEP 1 8 '90

must be notified at once.

20	₩	9
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 after death. Page) THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir s filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.	encorrant: it term 28 to marked or item 23 shows any injury or other fraumatic event the medical examiner
fter d) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur sified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ale
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	1 - STATE REGISTRAR	STATE OF M		CERTIF	ICATE	E OF	DEA1	AND N	TENIAL F	REG. NO.		30	27239	
	1. DECEDENT'S NAME (First, Middle, Last) ANNETTE	\	JEN	EY				EC	2. DATE OF MONTH	107	2/9	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 224-78-9462	5. SEX	6. AGE (In yrs. 38	lest birthday) VRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	ny, Year)		Country		
	9e. FACILITY NAME (If not institution, give str		30	ins.	9b. CITY	. TOWN O	R LOCATIO	ON OF DEA	7-17	-32	Virginia 9c. COUNTY OF DEATH			
۳ ا	4812 Eastern La	,	301			ıitla							Goerges	
5	RESIDENCE OF DECEDENT			I Province										
뿐	ATTENDED TO THE PERSON OF THE				10c. CITY, TOWN OR LOCATION Suitland								10d. INSIDE CITY LIMITS?	
7	Maryland Prin 10e, STREET AND NUMBER	ce Georg	es	1 6	oulli	_	ZIP CODI	E			10g. CITIZ	ZEN OF W	1 X YES 2 NO	
FUNERAL DIRECTOR	4812 Eastern Lan	e Apt. 3	01					2074	5		Uni	ted	States	
N	11. MARITAL STATUS	12. WAS DECEDENT							IC ORIGIN? (S		or No-	14. RACE	- American Indien, , White, atc.	
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify, Cuban, Mexicen, Puerto Rican, etc.) 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES Black 1 YES 2 NO Specify: Spe									Specif				
											Бтаск			
EE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	- 20	(Give kind of Ille. Do NOT u	work done se retired.)	during mo	t of workir	ng	1000000					
AP.	12th			C1erk						D.C.	Gov	t		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mide		Sumeme)			
BE	James Arthur S	mith							Mont					
2	190. INFORMANT'S NAME (Typo/Print) Essie Smith	(Mother)							tmore				ice, Va.	
			20b. PLA	CE OF DISPO	SITION (N	ama of cen	netery, cren		CIIIOIC	_	CATION —			
20e. METHOD OF DISPOSITION 1 Bender 2 Cremation 3 Removal from State 4 Donation 5 Other (Spechy) Weldon Funeral Home 20e. PLACE OF DISPOSITION (Name of cometery, crematory or other plaps) Weldon Funeral Home 20e. LOCATION — City or Town, State other plaps) Weldon Funeral Home									a.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Alexander S. Pope Funeral Home													
	· alex S. Y	ape In	. M-	859					S.E					
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final	omplications that List only one cau	se Dn aach i	ina.		r the mo	da of dy	ing, such	n as cardia				Approximate Interval Between Onset and Death	
	disease or condition resulting in death)		L MO			Γ	161	(051	2				YR. 4MO	
CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEOUENCE C	F):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE C	F):	-								
	PART II. Other algorificant conditions	s contributing to	death but n	ot resulting	in tha u	ndariying	cause	given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
DC									_ 1	YES 2			COMPLETION OF CAUSE OF DEATH?	
ME									_				1 YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL													
SC	EXAMINER?	HOSPITAL:	E9/Outpetles	2 DOA	OTHE	R:			6 Other (5	Donald I				
HX	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TII	AE OF	28c. INJ	URY AT	981291109	28d. DESCF		NJURY OC	CURED		
ВУ Р	1 Alatural 5 Pending Investigation	(Month, D	ay, rear)		JURY		RK? res 2 [□ NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — A atc. (Specify)	t home, farm,	street, fac	ctory, offic				ON (Street : Town, State)		r or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												i) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	York	M	0			29c, LIC	28	49L	1	29d, DAT	E SIGNED	(Morith, Dey, Year) 67/90	
-	30. NAME AND ADDRESS OF PERSON WHO	LAND II	VG R	(ITEM 27) (Typ	Print)	MIRA	CHA	AE L	F. YCORO,	外长	201	7 30	01)6273370	

32. JEGISTRADIS SIGNATURE PANDAME

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BALTIMORE, MARYLAND 21203-3146	or attending physic	or use as the burial
LAND 2	y the hospita	be detached f
MARY	e retained b	5 should t
AORE,	ige 6 may by	director, page
BALTII	after death. P.	by the funeral
	SUP	led in l
13146,	executed within	artit completely to
BOX	ficate be	physician ne prior tr
Ö	E	0.9
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RECORDS, P.O. BOX 13146,	requires that the death certificate be executed within Jrs after death. Page 6 may be retained by the hospital or attending physic	een signed by the attending physician andi completely med in by the funeral director, page 5 should be detached for use as the burial of Hashington programmed.

permit. Pages 1, 2, 3 should

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E HOSPITAL OR ATTENDING PY E FUNERAL DIRECTOR: After th 3 within 72 hours after death w RTANT; If Item 28 is mark

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

marked, this with

DIVISION OF VITAL RECORDS,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

YEAR ANNE WEIR Sept g 1990 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 188-12-3548 1 M 2XXF YRS. June 5, 1923 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Malcolm Grow USAF Medical Center Andrews Air Force Base Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Prince George's Maryland Suitland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3609 Silver Park Dr., Apt. 302 U.S.A. 20746 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 25 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2XNO Specify: 1 Never Married 2XXMarried Specify White BY 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Shuman Nicholas Magdalene Vukovic BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3609 Silver Park Dr., #302, Suitland, Md. 20746 Jack Weir 20a. METHOD OF DISPOSITION
1 № Buriel 2 □ Cremellon 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Arlington National Cemetery Arlington, Virginia 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home a 6160 Oxon Hill Rd. Oxon Hill, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) . Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Metastatic Lung Cancer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES ZONO MEDI OF DEATH? 1 TES 2XXNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 20 NO 1 onpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ED 6 Could not be 4 Homicide COMPLET 29s. CERTIFIER

Chack only

1 XXCERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 Sep 90 USAF MC 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center PAUL C. MCLOONE, CAPT, USAF, MC Andrews AFB MD 20331-5300 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

whia Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

27240

DHMH-16 Rev 1/89

3. TIME OF DEATH

90

REG. NO.

2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEI		0 272
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1	Vesta	М.	Ward			09 15		0300
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Fore Country)
	213-22-6859	1 M 2 X F	93 YAS.			06-17-1	1897 N	Maryland
	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D		9c. COUNTY	Y OF DEATH
	Hartley Hall				omoke Ci	ty	Wor	cester
UINE	Maryland Wo	rcester	10c, C/1	ry, town or loca Pocc	omoke Ci	ity		10d, INSIDE CITY LIMITS? 1 X YES 2 N
7	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
E	1210 Narket S	treet			21851		U.S.	A .
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2VE NO	If yes, s	CENOENT OF HISPAI pecify Cuban, Maxica S 2 NO Specifi	NIC ORIGIN? (Specify Years, Puerto Rican, atc.) y:	ne or No— 14	Block, White, atc. Specify: White
	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATI	ION	18b. KIND OF BU	JSINESS/INDUS	
	(Specify only highest gra-	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during mase retired.)	ost of working			
7	5	-	Housew.	ife&Far	mer			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1 PHOTHER SHA	WI TO TOTE WOT		21851
ш	Beatrice W. D	inges Lloyd	Wesse.	lls				moke, Md.
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)
f	Beatrice W. D		Ceda	r Hall	Rd., Po	comoke,	Md. 2	21851
	20a. METHOD OF DISPOSITION 1-1 Burlel 2 Cremetion 3 Re	moval from Stata	other place)		emetery, crematory or			y or Town, State
	4 Donation 5 Other (Specify)	F	irst Ba		Cemeter		comoke	Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF FA	eral Home	2	
-	Sent S	Mila				Pocomoke		21851
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. A 5 C V DUE TO (OR AS A	A CONSEQUENCE C					
빙		0						
Y	PART II. Other algolificant condition			In the underlying	ng cause givan in	Part I. 24s. WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO
MEDIC		モハモ~ナ	11			1 TES	2 - NO	COMPLETION OF CA OF DEATH?
								1 🗌 YES 2 🗍 NO
ÿ.								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	PLACE OF DEATH (C)	neck only one)		
Z	1 TES 2 NO	1 - Inpatient 2 - ER/Out		4 E Nursing Hor		6 Cher (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED
ETED B	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26a, PLACE OF INJURY	Y — At home, farm,	street, factory, offic	CA	26f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	2-1	SICIAN: To the best of my know						
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			SIGNEO (Month, Day, Year)
8	Role & a.	lle n	- Δ -		1291		▶ 9/	12/90
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)			1 7	, . , , ,
	ROBERT	- ALLEN	20	- 10	IK 57.	Para	2047	MD. 3-18
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE			7	(01-0	MO. 2-1
A	9/12/90	000 2 4 40		8 n. 2	w			

1 - STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DAY	YEAR	3. TIME OF DEATN
	Harold Eve		Wibber					Augus		990	1
	4. SOCIAL SECURITY NUMBER 705-14-0117	5. SEX 1 X M 2 F	L AGE (In yrs. In:	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day July	17,1921	Mai	ryland
TOR	Route # 8, Box						COWN	EATN		shing	
DIREÇTO	10e. STATE 10b. COUNT	ington			Y, TOWN OF		TION				10d. INSIDE CITY LIMITS? 1 YES 25(NO
	10e. STREET AND NUMBER			Thas	-1360	10	I. ZIP CODE		10g. C		WNAT COUNTRY?
BY FUNERAL	Route #8, Box 1. 11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WAT	YES 2	RMED NO	11	AS DEC	21740 CENDENT OF NISPAI pecify Cuben, Mexics 3 2X NO Specif	en, Puerto Ricar		Spe	E — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12) 1 2		(6		se retired.)		ON ost of working		o of Business/	INDUSTRY	irte
ш	17. FATNER'S NAME (First, Middle, Last) Harold E. Wibber	ley						AME (First, Middle	endolph)	
TO B	190. INFORMANT'S NAME (Type/Print) Murray E. Wibberl	ey					and Number or Rurel Leld Lane				21702
	20e, METNOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other p Rose	OF DISPO	Ceme	eter	metery, crematory or		20c. LOCATION Hagers		Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	nee	0	MI	NNI	CH FUNER Wilson	RAL HOM			
CERTIFICATION											
MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2										Nb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No	HOSPITAL:	EB/Outhorstone	2 🗆 804	ОТНЕЯ	:	PLACE OF DEATH (C)				
ВУ РНУ	27. MANNER OF DEATH 1	28e. DATE OF II (Month, De)	NJURY	28b. TIR		28c. IN	JURY AT ORK? YES 2 NO		BE NOW INJURY	OCCURED	
ED	3 Suicide 6 Could not be 4 Homicide determined		INJURY At h tc. (Specify)	ome, farm,	atreet, facto	ry, offi	CO		ON (Street and Nurr own, Stete)	nber or Rura	I Route Number,
COMPLE	29a. CERTIFIER (Check only 2 MEDICAL EXAMINI										e(a) and manner as stated.
TO BE C	296. AGRATURE AND TITLE OF CERTIFIE	the	1 W	7	D. Lee		29c. LICENSE NU	MBER 2	29d. 0	DATE SIGNE	ED (Month, Pay, Year) 2 S S
2	Frederic H	NO COMPLETED CAUSE	111	21) (1)	79 1	to	well	Rel	Hager	tow	whel
	AUG 30 '90	gula Da		nda 90					-		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27242

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	1. DECEDENT'S NAME (First, Middle, Last)	Erm D Ma		FICATE OF		2. DATE O	REG. NO.	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	Eva D. We	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. BIRT	HPLACE (State or Foreig
	220-16-1610	1 🗆 M 2 🔀 F	82 YRS.	MONTHS DAYS	HOURS MIN.	Jan.	27,190 8	Kent	Co., MD
TOR.	30. FACILITY NAME (If not institution, give to 14640 Pennersvill RESIDENCE OF DECEDENT				ascade, N		1.57 515	unty of d ashir	ngton
DIRECTOR	10a. STATE 10b. COUNT	ashington	10c. CI	TY, TOWN OR LOCA	_				10d. INSIDE CITY LIMITS? 1 \(\text{YES} \(2 \) \(\text{YE} \) NO
3AL	10e. STREET AND NUMBER			11	Of, ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	14640 Pennersvil:		ZED IN 11 S ADMED	T 42 WAS OF	21719		? (Specify Yes or No-		S.A.
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR		If yes, s	pecify Cuben, Mexic	an, Puerto R		Blac	E — American Indian, ck, White, etc. city: White
ETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	S USUAL OCCUPAT work done during m	TON nost of working	16b,	KINO OF BUSINESS/II	NOUSTRY	
PLE	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	illo. Do NOT	ook			Cafeteri	a	
COMPL	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S N	AME (First, M	liddle, Maiden Surname,		
ш	John Wallace				Della	Antho	ony		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (Street	and Number or Rural	i Route Numb	er, City or Town, State, 2	Zip Code)	
-	E. Louise Newcom	er					Mills. MD		
	20a. METHOD OF DISPOSITION XXBurtel 2 Cremetion 3 Ren	noval from State	20b. PLACE OF DISPO				20c, LOCATION		
	4 Donation 5 Other (Specify)	ICENSEIT\	Bet		rch Cemet		Cascade	e, Ma	ry_and_
	I ames (Bouler	v1/.	50			FUNERAL I		
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition	complications that call List only one cause	/	not enter the m	node of dying, su	ch se card	lac or respiratory	errest,	Interval Be
RTIFICATION	shock, or heart failure. iMMEDIATE CAUSE (Final	s. OUE TO (OR OUE TO (OR	on each line.	OF):	node of dying, su	ch se card		errest,	Approxima Interval Be
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PHYSICIAN: MEDICAL CERTIFI	shock, or heart feiture. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMIMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. OUE TO (OR d. DUE TO (OR HOSPITAL:	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting Coupling the but not resulting	OF): OF):	ing cause given in	n Part I.	24a. WAS AN AUTOPS PERFORMED? 1 VES 2 NO	Y 24	Approximatinterval Bet Onset and Ons
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ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMIMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined investigation in the determined in	b. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. HOSPITAL: 1 Inpetient 2 EF 28s. DATE OF INJ (Month, Day, 1) 28s. PLACE OF IN building, etc.	AS A CONSEQUENCE AS A CONSEQU	onot anter the model of the company of the underlying in the under	ing cause given in	n Part i. Check only on 28d. DES 28f. LOCK	24a. WAS AN AUTOPS PERFORMED? 1 VES 2 NO CRIBE HOW INJURY CONTROL (Street and Number Rown, State)	Y 24 OCCURED ber or Rural stated.	Approxima interval Be Onset and Onse
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מאבוואטה, שבחוראש	ours after death. Page 6 may be retained by the host	 filled in by the funeral director, page 5 should be detache tion, or removal. 	the medical examiner must be notified at once.
DIVISION OF VIEWE RECORDS, 7:0: BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with durs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		27244
	1. DECEDENT'S NAME (First, Middle, Lest) Anna	C. Wishar	d			2. DATE OF DEATH DO September	~12,19°9	3. TIME OF DEATH 10:30 A M
	4. SOCIAL SECURITY NUMBER 216-22-1752	1 □ M 2 🕱 F 88	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 4, 19	02 Î	Penna.
5	30 Coventry Land		9		r LOCATION OF DI	EATH	Wash	ington Co.
DIRECTOR		hington			rd Ave.H	agerstown		10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO} \) NO
FUNERAL	433 Guilford Ave	2 . 12. WAS DECEDENT EVER II	N I I O ADMIETA		21740	NIC ORIGIN? (Specify Ye	U.5	OF WHAT COUNTRY? S.A. RACE — American Indian,
2	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, etc.)	1 1	Black, White, etc. Specify White
COMPLEIED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US Give kind of wor life. Do NOT use	rk done during mos retired.)	N t of working	186. KIND OF BU	SINESS/INDUSTI	
N N	17. FATHER'S NAME (First, Middle, Last)		Nursii	ng	18 MOTHER'S NA	MCSIIII	<u> </u>	Hospical
		Barnhart				Blanche Pi		
N N	19s. INFORMANT'S NAME (Type/Print)	Dar illiar c	19b. MAILINO A	DDRESS (Street as		Route Number, City or Tox		9)
2	Caroline L. Ble	nard	30 C	oventry	Lane H	lagers town,	Maryla	and 21740
	20e. METHOD OF DISPOSITION 1 Strict Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	eautiful	ION (Name of cen	etery, crematory or	20c. LC	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC		3-	22. NAME AN		an and Sor ncastle, F		
CERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS /		syx elu ùthe	CV.	Dur	the contract of the contract o	Interval Between Onset and Desth Sm Unfl
MEDICAL	PART II. Other aignificent condition			the undarlying	cause given in	Part J. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-	ACE OF DEATH (C	neck only one)		
2	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: Nursing Hom	5 🗆 Residence	8 XQ Other (Specify)	AUGHTE	R'S RESIDENCE
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ RY WO		28d. DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str city)	reet, factory, office		28f. LOCATION (Street City or Town, State	and Number or R)	ural Route Number,
COMPLEIED	one)	ICIAN: To the bast of my know ER: On the basis of examination						use(s) and menner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	almi)		29c. LICENSE NU 00-99		29d. DATE SIG	SNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	-R In M	0 4	71 5 P1	Wash	ingsfer ma	1/2/	740
	SEP 1 8 '90	32. REGISTRAN'S SIGN	widson-Rand	se.				

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospir	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospir

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI				HYGIENE REG. NO.	90	3 2	7245
	1. DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF MONTH	DEATN DAY	YE		ME OF DEATH
	Julia Ame	elia Webb				Sept.	16, 1	.990	3:	00 A M
			M.	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	ay, Year)	0	country)	E (State or Foreign
	210 00 3107	1 D M 2 X F 75	YRS.				3 , 1915			, Md.
2	Se. FACILITY NAME (If not institution, give stre		9		R LOCATION OF DE	ATH	(1	9c. COUNTY		
힏	Washington Count	y Hospital		Hager	stown			Wash	ingto	on
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION					INSIDE CITY
ā	Maryland Washi	ngton	St.	James '	Village	Rfd.	3 Hag	ersto		
¥	10e. STREET AND NUMBER			101.	ZIP CODE		1 8	10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	2120 Deanewood La				21740				S. A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica	n, Puerto Rica			Black, Whit	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 NO Specify	ŗ:			Specify W	nite
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 1	6a. DECEDENT'S US			16b. KI	ND OF BUSIN	ESS/INDUST	RY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	k done during mo: etired.)	it or working					
COMPLETED	8		Homemake	er		Own	n Home			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA			irname)		
B	Daniel C. Baker	•				Marta				
2	-cr-so-differ collin to the collin		A CONTRACTOR OF THE PERSON		nd Number or Rural I					43 01740
	Wesley J. Webb	205. [PLACE OF DISPOSIT		ood Lane	KIG.		EISTO		
	Y Burial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	onsboro		,					21713
	21. SIGNATURE OF FUNERAL SHAPE OF LICE		OTISCOLO		D ADDRESS OF FA	CILITY		Boons		
	John H Bas	Book		BAST	FUNERAL	HOME.				21713
NC	shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A C	AROIA (CONSEQUENCE OF): 24 HRA							Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	IN LE	ASCV	D					
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions REMAL FO				g cause given in		PERFORM YES 2	ED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
ä										
S		HOSPITAL:		28. PL	ACE OF DEATN (Ch	eck only one)		-		
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 P Inpatient 2 ER/Output	lent 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence			HIDV OCCUP	E0.	
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (ry wo	RK? PES 2 NO	Zed. DESCF	RIBE HOW INJ	JUHT OCCUR	ED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, stre			28f. LOCATI	ION (Street and	d Number or I	Rural Route	Number.
	4 Homicide 8 Could not be	building, etc. (Specif))				Town, State)			
COMPLETED	and and	CAN: To the best of my knowled: On the basis of examination							ause(a) and	menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER		41		29c. LICENSE NUI	MBER		29d. DATE SI	110	th, Day, Year)
10	0710Kw	7	110.		1)15	113		7.1	6. 7	2
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			: HEGE	ERST	shi.	HD.		
	SEP 1 8 '90	32. RIGISTRARIO SIGNAT	TURE Pandette							

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specific and Zinter

TO BE COMPLETED BY FUNERAL DIRECTOR

DALLINOUE, MARILAND	rs after death. Page 6 may be retained by the hosp	n by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MA) / DEPAR CERTIF) MEN	NTAL HYGIE!		90	27246
1. DECEDENT'S NAME (First, Middle, Last) Mary B.	WARMEN	HOVE	N				2. (DATE OF DEATH	BAY	ĕ 6°	3. TIME OF DEATH 7:50 P M
4. SOCIAL SECURITY NUMBER 267-41-1993	5. SEX 1 M 2 X F	6. AGE (In yrs	. last birthday) YRS.	IF UNDER 1 Y	EAR	IF UNDER 24 HRS HOURS MIN.	(OATE OF BIRTH Month, Day, Year) 03 14	96	Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give st Meridian, The						on, M	death		9c. COt	INTY OF D	bot
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Care	oline			y, town on i	LOCAT	TION					10d. INSIDE CITY LIMITS? 1 K YES 2 NO
100. STREET AND NUMBER 215 South 8th					101	21629		-		SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	⊠NO	ft ye	08, sp	ENDENT OF HISI ecity Cuben, Mex 2 NO Spe	ican, Pu	RIGIN? (Specify Your officer)	a or No-	Spec	E — American Indian, k, White, atc. illy: hite
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1 2			DECEDENT'S (Give kind of the Do NOT us	work done duri se retired.)	JPATIO ing mo	ON st of working		16b. KIND OF BU	JSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Joseph Christo	pher Bu	rns				Ida S	her	-			
19m. INFORMANT'S NAME (Type/Print) Janice DeHaven 20m. METHOD OF DISPOSITION		201-81	1100	Nan	су		ast	Number, City or To	-	601	21.1
1 Duriel 2 X Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		oth	er place)	Shor	е	Crematory Committee Crematory	ori	ium Ge			n DE
	MER			E.	as	ton, M	lary				
23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	ufur	line	uy.		Lun.		'	piratory a	rrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (CV	NSEQUENCE O								
PART II. Other significant condition		death put n		In the unde	orlyin	g cause given	in Part		RMED?	24	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		-	7	g Horr	LACE OF DEATH	ce 8 🗆	Other (Specify)			
27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF I	y, Year) = INJURY — /		M	1 🗌	PURY AT DRK? YES 2 NO		d. DESCRIBE HOW			Route Number,
4 Homicide determined		ntc. (Specify) my knowledg	e, death occurr	red at the time	o, date	and place, and	due to ti	City or Town, Stat		ated.	
construction of the constr	Pt: On the bests of ex						the time	, data and place,	and due to	the cause	a) and manner as stated. D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	AA	E OF DEATH	(ITEM/27) (Type	o, Print) /	1	D25	75	0	> 9	7-17	-40
31. DATE FILED (Month, Day, Year)	32. REDISTRA	R'S SIGNATU	aller RE	vi/ex		ANC		arto	~ /	nc)

	1. OECEDENT'S NAME (First, M	Aiddle, Last)	D WILL	15			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	R			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		90 940
	221-36-057			89 YRS.	NONTHS DAYS	HOURS MIN.	July 1	2.	Country)
TOR	98, FACILITY NAME (If not institute of the control	Mour	not and number)		RISI'M		mD		y of DEATH Cecil
DIRECTOR	Delaware	New	Castle		town on Location				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	1308 Not	tting	ham Road		101.	2IP CODE 1971	1	10g. CITIZE	EN OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 M 3 Wildowed 4 Diverce	lerried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 100		ENDENT OF HISPAT	NIC ORIGIN? (Specify an, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	18, DECEE (Specify only in Elementary/Secondary (0-1): Unknown		CATION completed) College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use Homem	ork done during mos retired.)		18b. KIND OF	BUSINESS/INDUS	
COM	17. FATHER'S NAME (First, Midd						ME (First, Middle, Mei		
BE	Benjan		. Drew	19b. MAILING A	ADDRESS (Street an		Zabeth		Code)
2	Samuel D.		lis						Md. 21921
	IMMEDIATE CAUSE (Final				0	2			intarval Betwee
	disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ons, late	DUE TO (OR AS	A CONSEQUENCE OF)	rel		Meta	stasis	Onset and De
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ons, late	DUE TO (OR AS	A CONSEQUENCE OF)	r 2 L	ung	Meters	SAN AUTOPSY FORMED?	Onset and De
MEDICAL CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition in any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER?	ins, late GG	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A DUE TO (OR AS DUE TO (OR AS HOSPITAL:	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying	cause given in	Part I. 24a. WAS PER 1 TYES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	ins, late GG	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Impatient 2 ER/OL 28e. DATE OF INJUR	A CONSEQUENCE OF) A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF)	the underlying 26. PL OTHER: 4 Nursing Home	Cause given in	Part I. 24a. WAS PER 1 YES	SAN AUTOPSY FORMED? S 2 \(\tilde{\omega}\)	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 22 NO 27. MANNER OF OEATH 17. Natural 5 P. 2. Accident 3 Suicide 5 C.	na, late late late late late late late late	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF) C A CONSEQUENCE OF)	26, PL OTHER: 4 Nursing Home OF 28c. INJU WO' 1 Y	Cause given in ACE OF DEATH (Cr. 5	Part i. 24a. WAS PER 1 U YES	S AN AUTOPSY FORMED? S 2 100 OW INJURY OCCU	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
marked, or Item 23 shows any Inju BY PHYSICIAN: MEDICAL	Clasese or condition resulting in death) Sequentially list condition in any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 22 NO 27. MANNER OF OEATH 1 Natural 5 Printing in State of Cartifier in Check only 1 CERTIFIER (Check only 1 CERTIFIER (Check only 1 CERTIFIER Check only 1 CERTIFIER Check only 1 CERTIFIER (Check only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK only 1 CERTIFIER CHECK ONLY 1 CERTIFIER CHEC	me, late G y late of the condition of th	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF)	26. PL OTHER: 4 Nursing Home OF 28c. INJ. INY WOI 1 Y reet, factory, office	cause given in ACE OF DEATH (Ch 5 Residence RR? ES 2 NO and place, and due	Part I. 24a. WAS PER 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HO 20f. LOCATION (Str. City or Rown, S	AN AUTOPSY FORMED? S 2 100 OW INJURY OCCU out and Number of tate) manner as stated, , and due to the	24b. WERE AUTOPSY FINDIN ABAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

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10.00 P

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DIVISION OF V TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTIOR: After this certific be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
01-	DIVISION OF VITAL RECORDS, I	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at be filed within 72 hours after death with the State Dept. of Health and Ment.	IMPORTANT: If item 28 is marked, or item 23 shows any injury,

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND (F DEATH	MENTAL HYGIEN REG. NO.	E 9 N	27248
	1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH
1	GEO	RGE W	WHI	TE		Sept. 17	1990	0010 M
	4. SOCIAL SECURITY NUMBER	10000	GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
) [073-05-2234	1 M 2 □ F	84 YRS.	MONTHS DAYS	HOURS MIN.	DEC.25,190	05	NY
	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOW	OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH
P P	Suburban Hosp.			Beth	esda		Montg	omery
E L	10a, STATE 10b, COUNT	NTY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
DIRECTOR	MD Mo	ont.	Ве	thesda				LIMITS? 1 X YES 2 NO
AL	10s. STREET AND NUMBER				IO1. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	8011 Newdale Rd.				20814		U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y			ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No— 14. R	ACE — American Indian, lack, Whits, etc.
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			ES 2 XNO Specif			pecity:
	15. DECEDENT'S EI		16a, DECEDENT'S	USUAL OCCUPA	TION	185. KIND OF BUS	I SINESS/INDUSTR	γ
E	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during se retired.)	most of working			
절		4	Color	nel	_	U	.S. Arm	у
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE	James White	2				y Scales		
2	19a. INFORMANT'S NAME (Type/Print) Erva White					Route Number, City or Tow	n, State, Zlp Code)
·	20a, METHOD OF DISPOSITION	1	20b. PLACE OF DISPO	as it		1 200 10	CATION — City o	- Town Class
	1 Buriel 2 Cremetion 3 Re	amoval from State	other place) Arl. Nat'l		content y, Crommetory or		. VA	r town, statu
i	21. SIGNATURE OF FUNERAL SERVICE		l Nac	22. NAME	AND ADDRESS OF FA	CILITY		
	>	VX I	U.			r's Sons,		
\dashv	23. PART I. Enter the dispesse, o	or complications that cau	and the death Do	5130) WI Ave	. NW Wash.	, DC 20	016 Approximate
	shock, or heart failur	e. List only one cause o	n each ilne.	not anteg tha t	node of dying, sac	in as cardiac of respi	ilatory arrest,	Interval Between Onset and Death
1	IMMEDIATE CAUSE (Finsi disease or condition	Rupture	of Abdomin	α1 Δα	rtic Anous	ruem		
	resulting in death)		AS A CONSEQUENCE O		tele Alleu	LySm	-	1 day
z	0		zed Arter		sis			
Ĕ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE O	PF):				
5	CAUSE (Disease or injury that initiated events	c. DUE TO (OR A	AS A CONSEQUENCE O	MFI:				
CERTIFICATION	resulting in death) LAST			,				
CE	DART II Out I III III	_ 0.				20.1		
CAL	PART II. Other significant condition	lona contributing to dest	h but not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TYES 2	□ NO	OF DEATH?
M						_	1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		-	26	PLACE OF DEATH (C/	heck only one)		
PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	ome 5 - Rasidence			
HX	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TII	ME OF 26c.	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D
ВУР	1 Natural 5 Pending 2 Accident Investigatio	(Month, Day, Ye.	Br) IN		YES 2 NO			
	3 Sulcide 6 Could not I	building, atc. (URY — At home, farm, Specify)	street, factory, o	ffice	261. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,
COMPLETED	4 Homicide determined							
APL	(Critical Orley 21	YSICIAN: To the best of my k						
ő	2 MEDICAL EXAM	INER: On the Masis of examin	ation and/or investigati	on, in my opinio	, death occured at the	time, deta and place, ar	nd due to the cau	ise(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	HER / Q 1 11	uhlas		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Morth, Day, Year)
0	SO, NAME AND ADDRESS OF PERSON	- Crui	40100	- District	10125	UT	- 1/1	10/10
	0				11 00:5			′
	Henry C. Scruggs	32. REGISTRAR'S S	IGNATURE		# 206C Be	ethesda. MI	20814	
- 1	SEP 19 '90	gulia Da	widson Rand	.00_				

31. DATE FILED (Month, Day, Year)
SEP 1 9'90

BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wecus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fight within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR; After be filed within 72 hours after death	IMPORTANT: If Item 28 is ma

	FOR STATE REGISTRAR	STATE OF M	IARYLAND /		MENT OF			MENTA	REG. NO.	9	0 2	7249
	DECEDENT'S NAME (First, Middle, Lest) June	Wade						MONT	e of DEATH TH DAY tember		YEAR	8:30 P M
	Control of the contro	5. SEX 1	6. AGE (In yrs. lesi		IF UNDER 1 YEAR			7. DATE (Mont)	of BIRTH th, Day, Year)		8. BIRTHPLAC Country)	E (State or Foreign
œ	90. FACILITY NAME (If not institution, give street Sylvan Manor Heal		Center		9b. CITY, TOW	n or Locati				9c. COUP	NTY OF DEATH	
8	RESIDENCE OF DECEDENT	. cii cai e	center				THE			MO	ntgome	
FUNERAL DIRECTOR	Maryland Montg	omery			ver Sp	ring					1 🗆	INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER					101. ZIP COD					ZEN OF WHAT	
N.	2700 Barker Stree	C 12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS I	209		IC ORIGI	IN? (Specify Yee		ted Sta	ares
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, OIVE W	YES 2 K	10	If yes,	specify Cubs ES 2 🙀 NO	ın, Mexicar	n, Puerto			Black, Whi Specify:	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5 +	(Gi	CEDENT'S U ive kind of wo Do NOT use	SUAL OCCUPA ork done during retired.)	ATION most of working	ng	188	b. KIND OF BUS	INESS/IND	USTRY	
MPL	12		Ar	tist				_	Art			
8	17. FATHER'S NAME (First, Middle, Last) Earl McNown								Middle, Meiden S			
TO BE	19a. INFORMANT'S NAME (Type/Print)	ton				et end Numbe	r or Rural F	Poute Num	mber, City or Town	, State, Zip		
	Lynn Wade (Daugh	iter/			TION (Name of			S re	erry, W		Olty or Town, S	State
	1 Burlel 2 1 Cremation 3 Remov	ral from State	other pla	BCB)	burbar			у			Spring	
	21. SIONATURE OF FUNERAL SERVICE LICE	NSEE /			Rapi	AND ADDRE	ss of FAC	Serv	vices,	P.A.		
	Juli-13.	the		0827		Gist			Lver Sp			20910
	23. PART I. Enter the diseasea, or co	madiantiana tha										
	ahock, or heert failure. Li IMMEDIATE CAUSE (Finsi diseese or condition				ot enter the	mode of dy	ing, aucl	haacer	rdiec or reapi	ratory an	Acus	Approximete Interval Between Onset and Death
	ahock, or heert failure. Li iMMEDIATE CAUSE (Finsi	at only one cau		n Mana	u i	PANOS	1				Lew	Interval Between Onset and Death
ATION	ahock, or heert failure. Li IMMEDIATE CAUSE (Finsi disease or condition reaulting in death) a. Sequentielly list conditions, if any, leeding to immediate	DUE TO	liopuli	ouence of	yse .	PANOS	1		Cov		Lew	Interval Between Onset and Death
TIFICATION	ahock, or heert fallure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions,	DUE TO	lse on each line lsopula (OR as a consec e G	OUENCE OF	yse.	PANOS	1				Lew	Interval Between Onset and Death
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BY PHYSICIAN: MEDICAL	ahock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suleide 8 Could not be delermined	DUE TO OUE TO Contributing to HOSPITAL: Inpetient 2	(OR AS A CONSECTION OF INJURY — AI hoetc. (Specify)	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJUDITIES THE DOA SHEET OF DOARD THE DOAR	OTHER: 4 Nursing I OF 28c. PRY M 1 Irrest, factory, of	VINEA VI	given in DEATH (Ch.	Part I. eck only of the 28d, De 28f, Lo-Cfg	24a, WAS AN PERFOR 1 UPS 2 One) Ther (Specify) ESCRIBE HOW II OCATION (Street a y or Town, State)	AUTOPSY MED? AUTOPSY MED? AND MALE AN	24b. WEF AMAL COR OF 1 1 CURED	Interval Between Onset and Death Mirutes > / Oyes RE AUTOPSY FINDINOS RLABLE PRIOR TO APPLETION OF CAUSE DEATH? YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28. CERTIFIER Check only One) MEDICAL EXAMINER	DUE TO DUE TO OUE TO OUE TO Contributing to Contributing to 28e. DATE OF (Month, D. 28e. PLACE Of building, D. 28e. Date of a building,	GOR AS A CONSECTION OF INJURY AIR Knowledge, description and the consection of the c	DUENCE OF DOUGHOCE OF COUNTY OF THE PROPERTY O	or the underly the state of the underly the state of the	ying cause L. PLACE OF E. Home 5 R. INJURY AT WORK? YES 2 [office date end place n, death occur	given in DEATH (Cho lesidence NO s, and due	Part I. B Oth 281. LO Ch) to the ca	24s. WAS AN PERFOR 1 VES 2 One) Ther (Specify) ESCRIBE HOW II COCATION (Street a by or Town, State)	AUTOPSY MED? ANJURY OC and Number oner as sta	24b. WER AMAIC COR 1 CURED	Interval Between Onset and Death Mirutes > 10 yes RE AUTOPSY FINDINOS ILABLE PRIOR TO MPLETION DE CAUSE DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heert fallure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initileted events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suleide 8 Could not be determined 28. CERTIFIEN ACCIDENT AND TITLE CO CERTIFIES	DUE TO OUE TO OUE TO OUE TO Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to	GOR AS A CONSECTION OF INJURY AIR Knowledge, description and the consection of the c	DUENCE OF DOUGHOCE OF COUNTY OF THE PROPERTY O	or the underly the state of the underly the state of the	ying cause L. PLACE OF E. Home 5 R. INJURY AT WORK? YES 2 [office date end place n, death occur	given in DEATH (Cho lesidence NO s, and due	Part I. B Oth 281. LO Ch) to the ca	24a, WAS AN PERFOR 1 UPS 2 One) Ther (Specify) ESCRIBE HOW II OCATION (Street a y or Town, State)	AUTOPSY MED? ANJURY OC and Number oner as sta	24b. WER AMAIC COR 1 CURED	Interval Between Onset and Death Mirutes > 10 yes RE AUTOPSY FINDINOS ILABLE PRIOR TO MPLETION DE CAUSE DEATH? YES 2 NO

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TO BE COMPLETED BY FUNERAL DIRECTOR

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			RTIF		OF DEAT		MENTAL HYGIENI REG. NO.	9	0 27250		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH		
PAULENE VI	RGINIA	WR	ATCH	FORD			September		990 10:07 P M		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1			7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)		
217-10-5880	1 □ M 2 🂢 F	73	YRS.	MONTHS	DAYS HOURS	MIN.	OCT 23 191	6	MARYLAND		
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN OR LOCATIO	ON OF DE			Y OF DEATH		
MEMORIAL HOSPIT	CUME	BERLAND			ALLE	CANV					
RESIDENCE OF DECEDENT											
100. STATE MARYLAND 100. COUNTY ALLEGANY 100. CITY, IAT					LOCATION			19d. INSIDE CITY LIMITS? 1 YES 2 NO			
104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							N OF WHAT COUNTRY?				
RFD# 1 BOX# 9 GRAMLICH ROAD					2150	2	II S	3 Δ			
11. MARITAL STATUS	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				AS DECENDENT O	F HISPAN	IC ORIGIN? (Specify Yee	or No— t	I. RACE — American Indian,		
1 Never Merried 2 Merried 3 Widowed 4 Divorced		1 ☐ YES 2 X N WAR OR DATES	0		yes, specify Cube		, Puerto Ricen, atc.)	İ	Black, White, etc. Specify:		
								WHITE			
15. DECEDENT'S ED (Specify only highest grad		(Gh	vn kind of s	USUAL OCC	CUPATION uring most of working	g	16b. KIND OF BUS	INESS/INDUS	BTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	e retired.)			CLET ANDRO	ri doni	0 0 7 7 7 7		
10		TEX	TILE	DEPT	* 1		CELANESE CORP. SILK				
17. FATHER'S NAME (First, Middle, Last)	17.0				16. MOTH	HER'S NAI	ME (First, Middle, Maiden !	Surname)			
WILLIAM F. DAY	/1S				REB	ECCA	PROFFITT				
100. INFORMANT'S NAME (Typo/Print) HOWARD F. WRAT(CHFORD	RF	D# 1		Street end Number 9 GRAM		ROAD TAV		MARYLAND 21502		
20a. METHOD OF DISPOSITION		20b, PLACE	OF DISPOS	SITION (Nam	a of cametery con				ly or Town, State		
1 XBuriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)		_ SUNSE	T ME	MORIA	L PARK		CUMB	ERLANI	D MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE <	>1	-	22. N	AME AND ADDRE	SS OF FAC	T FUNERAL 1	HOME			
· Dale L.	Men	ia		40	4 DECAT	UR S	FREET CUMB	ERLANI	D MARYLAND		
23. PART i. Enter the diseases, or											
shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death											
resulting in death) s. Anoxic Encephalopully											
DUE TO (OR AS A CONSEQUENCE OF):											
Samuelistic Hat appellione b. Cardin vergeratory arrest 1 day											
Sequentially list conditions, If any, leading to immediate											
cause, Enter UNDERLYING											
	c								1		
CAUSE (Disease or injury that initiated events	cDUE TO	O (OR AS A CONSEC	DUENCE O	F):							
CAUSE (Disease or injury	c	OR AS A CONSEC	DUENCE O	F):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d		i coenn	· ·	deriving cause (given in	Part I. 24a WAS AN	AUTOPSY	24b. WERE ALITOPSY FINDINGS		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditional to the conditions of the conditions are conditional to the conditions of the conditions are conditional to the conditions of the conditio	d	o death but not re	esuiting	in the unc	derlying Cause	given in	PERFOR	MED?	AVAILABLE PRIOR TO		
CAUSE (Disease or injury that initiated events resulting in death) LAST	ons contributing to	o death but not re	esuiting	in the unc	derlying cause s	given in		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditional to the conditions of the conditions are conditional to the conditions of the conditions are conditional to the conditions of the conditio	d	o death but not re	esuiting	in the unc	derlying cause (given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition or administration of the conditi	d	o death but not re	esuiting	in the unc			PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	ons contributing to	o death but not run. Sys	esuiting	in the unc	26. PLACE OF O	DEATH (Ch	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition of the conditio	d. Contributing to Contributin	o death but not run Sys	esuiting	OTHER	26. PLACE OF 0 : ing Home 5 🗆 Ro	DEATH (Ch	PERFOR 1 YES 2 ack only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	d	o death but not run Sys	DOA 26b, TIM	OTHER	26. PLACE OF 0: ing Home 5 Ri 28c. INJURY AT WORK?	DEATH (Ch	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	HOSPITAL: 1 Pinpatient 2 28a. DATE O (Month,	o death but not not not not not not not not not no	DOA 28b. TIM	OTHER 4 Nursh	26. PLACE OF C : ing Home 5 R 28c. INJURY AT WORK? 1 YES 2 [DEATH (Ch	PERFOR 1 YES 2 sck only one) 8 Other (Specify) 28d. DESCRIBE HOW to	MED? NO NJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	HOSPITAL: 1 Pinpatient 2 28a. DATE 0 (Month,	o death but not not not not not not not not not no	DOA 28b. TIM	OTHER 4 Nursh	26. PLACE OF C : ing Home 5 R 28c. INJURY AT WORK? 1 YES 2 [DEATH (Ch	PERFOR 1 YES 2 ack only one) 6 Other (Specify)	MED? NO NJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	HOSPITAL: 1 Pinpatient 2 28a. DATE 0 (Month,	O death but not re ER/Outpetlent 3 FINJURY OF INJURY — At ho	DOA 28b. TIM	OTHER 4 Nursh	26. PLACE OF C : ing Home 5 R 28c. INJURY AT WORK? 1 YES 2 [DEATH (Ch	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 28d. DESCRIBE HOW to	MED? NO NJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition of the conditio	Date of Month, 28a. DATE O (Month, 28a. PLACE building	□ ER/Outpetlent 3 F INJURY OF INJURY — At ho,, stc. (Specify)	DOA DOA IN.	OTHER 4 Nursh BE OF JURY M street, tecto	26, PLACE OF 0: ing Home 5 Re 28c. INLY AT WORK? 1 YES 2	DEATH (Ch	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 28d. DESCRIBE HOW to	NJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PRED I Representation of the control of the contr		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Pinpatient 2 28s. DATE O (Month, building	o death but not recommend of the second of t	DOA 28b. Till IN.	OTHER 4 Nursi BE OF JURY M	26, PLACE OF C: ing Home 5 R: 28c. INJURY AT WORK? 1 YES 2 [iry, office	DEATH (Chi	PERFOR 1 YES 2 Bock only one) 8 Other (Specify) 28d. DESCRIBE HOW to City or Yown, Stele) to the cause(e) and mer	NJURY OCCL	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PRED I Representation of the control of the contr		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DOIS CONTRIBUTING TO CONTRIBUTION TO CONTRIBUT	o death but not recommend of the second of t	DOA 28b. Till IN.	OTHER 4 Nursi BE OF JURY M	26. PLACE OF 0: :ing Home 5 Ri 28c. INJURY AT WORK? 1 YES 2 iry, office	DEATH (Chi	PERFOR 1 YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW to City or Town, State) to the cause(e) and mer time, date end place, en	MED? NJURY OCCL and Number of	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED RED RED AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are supported by the significant conditions	DOIS CONTRIBUTING TO CONTRIBUTION TO CONTRIBUT	o death but not recommend of the second of t	DOA 28b. Till IN.	OTHER 4 Nursi BE OF JURY M	26. PLACE OF 0: :ing Home 5 Ri 28c. INJURY AT WORK? 1 YES 2 iry, office	DEATH (Chineldence NO	PERFOR 1 YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW to City or Town, State) to the cause(e) and mer time, date end place, en	MED? NJURY OCCL and Number of	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PRED Rever Route Number, 1. cause(s) end menner as stated.		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are supported by the significant conditions	HOSPITAL: 1 Pinpatient 2 28a. DATE 0 (Month, 28c. PLACE building	o death but not recommend to the second of t	DOA 26b. TIM.	OTHER 4 Nursh Nursh HE OF JURY M street, tectored at the tiron, in my op	26. PLACE OF 0: :ing Home 5 Ri 28c. INJURY AT WORK? 1 YES 2 iry, office	DEATH (Chineldence NO	PERFOR 1 YES 2 Bock only one) 8 Other (Specify) 28d. DESCRIBE HOW to City or Town, State) to the cause(e) and mer time, date end place, endere	MED? NJURY OCCL and Number of	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO IRED Representation of Cause of Death of Cause (a) and menner as stated. SIGNED (Month, Rey, Year)		
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the conditio	HOSPITAL: 1 Pinpatient 2 28a. DATE O (Month, 28c. PLACE building	o death but not recommend to the second of t	DOA 28b. Till IN. ath occurrinvestigation	OTHER 4 Nursi list OF JURY M street, tectored at the tireon, in my op	26. PLACE OF C : ing Home 5 Ri 28c. INJURY AT WORK? 1 YES 2 [iny, office me, date end place binion, death occu	DEATH (Chr. seldence No	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW to City or Town, Street to the cause(e) and mer time, date end piece, end ABER	MED? NJURY OCCL and Number of	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, ceuse(a) and menner as stated. SIGNED (Month, Rey, Year)		

TO THE MISPITAL OR ATTENDAGE PHYSICIAN. THE law miquires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TOTHE FUNETAL CHECTOR After this confection has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral common or removal.	IMPORTANT. II Item 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	TOTHE FUNERAL DIRECTOR After this conferent has been signed by the attending physician and completely filled in by the fi	
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	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH		ITAL HYGIENE REG. NO.	91	27251		
	1. DECEOENT'S NAME (Figst, Middle, Last) RCSE H	. Sullivan	Wighan	nan	****		DATE OF DEATH	90"	S. TIME OF DEATH		
JR.	4. SOCIAL SECURITY NUMBER 578-26-5290	6. SEX 6. AGE	(In yrs. lest birthday) 72 YRS.	odey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF SHITH MONTHS DAYS HOURS MIN. (Month, Day, Veer)					BIRTHPLACE (State or Foreign Country) irginia		
	9a. FACILITY NAME (If not institution, give street and number) 8600 Mike Shapiro Dr. # 308			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I					of death		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			T 200001 00 14	A CATACON CONTRACTOR OF THE CATACON CONTRACT				Lead Market Arthu		
DIRECTOR	Md. P.G.			10c. CITY, TOWN OR LOCATION Clinton				10d. INSIDE CITY LIMITS? 1 YES XX NO			
	10e. STREET AND NUMBER			10f. ZIP COOE	. =		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	8600 Mike Shapiro Dr.,#30			13, WAS	2073		RIGIN? (Specify Yea	. RACE — American Indian,			
BY	1 New Married 2 Married 3 Widowed 4 Olvorced	MX NO DATES									
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP work done during	ATION g most of working		16b. KIND OF BUS	INESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		emake			Own	Home	9		
	17. FATHER'S NAME (First, Middle, Last) John Frazier						First, Middle, Maiden S Mae Un		ı		
TO BE	19a. INFORMANT'S NAME (Type/Print)	- ,					Number, City or Town				
-	Al Sullivan	20	3595 b. PLACE OF DISPO			_	, Dunkirk, Md. 20754				
	A Donation 6 Other (Specify)	Ft. Lin	coln	Cemete	ry	Brentwood, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY Lee FUneral Home 6633 Old Alexander Ferry Road Clinton, Md. 20735								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Fine) Supperfernance actions policies core pro and other desires										
	DUE TO (OR AS A CONSEQUENCE OF):								145076		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE (SEQUENCE OF):								
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	A CONSEQUENCE (OF):								
	d										
ICAL			tree diverging cause given in rail				PERFORMED? 1 YES 2 NO OF DEATH:				
MEDI								1 T			
N.									1		
ICI'	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEAT						
PHYSICIAN:	1 ✓ YES 2 □ NO 27. MANHER OF DEATH		28b. TIME OF 25c. INJURY AT			28d. DESCRIBE HOW INJURY OCCURED					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Hamicide determined	RY — At home, farm, socify)	home, farm, street, fectory, office			26t. LOCATION (Street and Number or Fural Route Number, City or Rown, State)					
COMPLETED	25a. CERTIFIER (Chack only) 1 CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BE	296. SUGATURE AND TITLE OF CEROPTER . 296. DATE SIGNED (Mooth, Only Vision) 1								SIGNED (Month, Call Hear)		
2	A WOUS TO P. Analy ACCOMPLETED CAUSE OF DESTRICT AND A PORT PROBLEM OF A CONTROL STORES										
1	SEP 7 3 900	32. REGISTRAR'S SIG	GNATURE /	/	1-1	-	7	1			
_	30	the Davidson As	rdelle.				:		DHMH-16 Rev 1/89		

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEI REG. NO		90 2725	2	
	1. DECEDENT'S NAME (First, Middle, Last)	MARSHALL	WI	4iTE		2. DATE OF DEATH	Ž 98	S. TIME OF DEATH	м	
	4. SOCIAL SECURITY NUMBER 499-07-4604	5. SEX 8. AGE (III	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	1	7. DATE OF BIRTH (Month, Day, Year) Oct. 13,1		BIRTHPLACE (State or Foreign Country) Kansas		
OR	90. FACILITY NAME (If not institution, give str 6406 Gifford Lane	eet and number)			OR LOCATION OF DE	EATH	Princ	e George's		
RECT	100. STATE 100. COUNTY Maryland Pring	ce George's	24/40	Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 TYES XX NO		
RAL DI	100. STREET AND NUMBER 6406 Gifford La			Cemple H	11115 101. ZIP CODE 20748		20.5	N OF WHAT COUNTRY?	_	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAR apecify Cuban, Maxica ES 2 X NO Specifi			RACE — American Indian, Black, Whita, etc. Specify: White		
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT u	work done during i se retired.)		186. KIND OF BI				
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	2	Accour	itant	.700	ME (First, Middle, Maide		ernment		
TO BE	19a. INFORMANT'S NAME (Type/Print)	ite				Route Number, City or To		ode)	_	
	Wilma D. White 20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Remo	val from State	PLACE OF DISPO	SITION (Name of	cemetery, cremetory or		OCATION — CIT	y or Town, Stata	_	
	Maryland Veterans Cemetery Cheltenham, Maryland Cemeters Cemetery Cheltenham, Maryland Cemeters Cemetery Cheltenham, Maryland Cemeters Cemetery Cheltenham, Maryland Cemeters Cemetery Cheltenham, Maryland Cemeters Cemetery Cheltenham, Maryland Cemeters									
	23. PART i. Enter the seese, or canock, of the ert felture. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	list only one couse on earlies. Parkins	ous D	15-e05e		h as cerdiec or ree	piretory arrea	Approximate interval Between Onest end Deet 12 y RS	ħ	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other algorificent conditions	ring ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	antions 2 17 DOA	OTHER:	PLACE OF DEATH (C			1	_	
РНУ	27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, Til	ME OF 28c.	INJURY AT WORK?		Other (Specify)			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			ffica	281. LOCATION (Street and Number or Ru City or Town, State)		Plural Route Number,		
COMPLE	Check only	CIAN: To the best of my know			* -	• •		i. cause(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF GERTIFIER	turne 1	2		29c. LICENSE NU			SIGNED (Month, Day, Year)	-	
TO	30. NAME AND ADDRESS OF PERSON WHO WILLIAM TO T 31. DATE FILED (Month) Pay Year) SEP 1 4 90	O COMPLETED CAUSE OF DE ANNER MO 32. REGISTRAR'S SIGN Julia Davidson	. 117	e, Print) 101 Livi	ngstan RD	Sui 101	Ft.	NASH, M12074	K	

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DIVISION OF VITAL RECORDS, P.O. BO.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate t	둾	ene	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF H		MENTAL HYGIEN		90 27253		
	1. DECEDENT'S NAME (First, Middle, Lest) Patrick	wilson	_			9 13	9 9	ear 6.45 Am		
	G 10 1001	SEX 8. AGE (In y	7 P. YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (If not institution, give street		O ma.	96, CITY, TOWN O	OR LOCATION OF D	June 11,	1912 9c. COUNTY	Maryland OF DEATH		
DIRECTOR	L.R. VA	Hospital		0 11	imore	M.D				
H.	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAT			· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS?		
		vert		Owing			Т	1 TES 2 NO		
FUNERAL	100. STREET AND NUMBER 227 Grovers Tur	n Road	_	101	ZIP CODE 207	'36		USA		
BY FUN	11. MARITAL STATUS 12 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	E. WAS DECEDENT EVER IN U. FORCES? 1 TO YES 2 IF YES, GIVE WAR OR DATE:	□ NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 XNO Specif	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) ly:	s or No— 14	. RACE — American Indian, Black, White, etc. Specify: Black		
E	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION 16	a. DECEDENT'S	S USUAL OCCUPATION Work done during moise retired.)	ON est of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED		College (1-4 or 5+)		Driver		0				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder	Surneme)			
BE	Patrick H. Wlsc	on, Sr.	1			Carter				
2	19a. INFORMANT'S NAME (Type/Print) Florence Wilson					Ad. Owings				
	20e. METHOD OF DISPOSITION	20b. Pt	ACE OF DISPO	SITION (Name of cer				or Town, State		
	1 K Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Coopers Church Cemetery Dunkirk, Md									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1451 Dares Beach Rd. Sewell Funeral Home Prince Frederick, Md									
CERTIFICATION	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate Interval Between Disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE (OF):						
PHYSICIAN: MEDICAL	PART ii. Other significent conditions of	contributing to deeth but	not resulting	in the underlyin	g ceuee given in		RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	inonitr':			LACE OF DEATH (C	heck only one)				
rsic		IOSPITAL: Inpatient 2 - ER/Outpatio	ent 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)				
	27, MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, Ti	IJURY WO	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,				LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLET	and draw	N: To the best of my knowled						couse(s) end manner as stated.		
TO BE C	29b. SIGNACURE AND BYLE OF CERTIFIER	telli	M.D		29c. LICENSE NU		D 9	HGRED (Month), Day, Year)		
	John Portelli,	COMPLETED CAUSE OF DEATH	Sity C	of MD	Hosp.	2250, Gre	enst.	Battomere		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Portelli, MD University of MD Hosp. 22 So. Greenst. Baltimore 31. DATE FILED (Moniti, Day, Year) SEP 21 1990 Julia Davidson-Randale									

22 - 24 L L U 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTAL HYGIE Reg. n	NE	27254	
		1. DECEDENT'S NAME (First, Middle, Last)	-	- (Y	0-10	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
	1	JOHN 4. SOCIAL SECURITY NUMBER	B. 5. SEX 6. AG	E (In yrs. lest birthday)	L C.	DER AR IF UNDER 24 HRS.	7. DATE OF BIRTH	5 9	BIRTHPLACE (State or Foreign	
(P		217-30-8732	1 M 2 D F	97 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) Dec • 6,	L892 P	country) ennsylvania	
2	FOR	9e. FACILITY NAME (If not institution, give str Peninsula General	Hospital		Sali	NN OR LOCATION OF DE Sbury	EATH	9c. COUNTY	COMICO	
At. Pages 1,	DIRECTOR	Maryland Somer	set		ry, town on Le	r			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
8.	RAI	Route #1, Box 2	35			101. ZIP CODE 2187	1	10g. CITIZEI	USA	
146 physician. e bunistram	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPAI a, specify Cuban, Mexica YES 2 NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fea or No — 14	. RACE — American Indian, Black, White, etc. Specify:	
3-31 anding as the	ED B	15. DECEDENT'S EDUC	ATION	16a, DECEDENT	S USUAL OCCU	PATION	16h KIND OF F	USINESS/INDUS	white	
VD 21203-3146 hospital or attending phy ached for use as the bun on.	ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)			work done durin use retired.)	g most of working	1000 1110			
TA SEE	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Daniel P. Yoder				Le	ome (First, Middle, Meid ah Harsh	barge	r	
y be retained age 5 should be notified	9	t9a. INFORMANT'S NAME (Type/Print) Crist Yoder				Box 235	A, West	over,	Md. 21851	
11 2 2 P		20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Remo	val from State	other place)		of cemetery, crematory or		LOCATION — CIT		
ALTIMORI leath. Page 6 mi funeral director, xaminer must		Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		HOLLY Gr		ennonite		vestov	er, Ma.	
6, BALT within 24 hours after death pipletely filled in by the fune cremation, or removal.		\$ Sw45.11	melsen			SON FUNE O. Box 6			d. 21851	
		ahock, or heart fallure. L IMMEDIATE CAUSE (Final	disease or condition							
P.O. BOX 13: eath certificate be executed by the properties and tall Hygiene prior to burn, or other traumatife.	1 11	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
RECORDS, requires that the cention signed by the of Health and Me thous any injuries.	: MEDICAL	PART II. Other aignificant conditions MITTAL Regusa	contributing to death if the first if the	with course	in the under	1.	PERF	AN AUTOPSY ORMEO? 2 340	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
Pas has	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF OEATH (C	heck only one)			
SICIAN: The Certificate to the State 1, or Item	KSI	1 TYES 2 NO	1 Inpatient 2 ER/O		4 🗆 Nursing	Home 5 - Residence				
PH This PH O	ВУ РН	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	r) II	M 1	NJURY AT WORK?	28d. DESCRIBE HO			
ISIO TTENO! TTOR: A after do	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm specify)	, street, factory,	office	281. LOCATION (Stre City or Town, Str	et and Number or ate)	Rural Route Number,	
Z Z Z =	3	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER							cause(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 i	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Jak .	Med		29c. LICENSE NU	690	29d. DATE 5	SIGNED (Month, Day, Year)	
=	5	30. NAME AND ADDRESS OF PERSON WHO					mes E	Mar	tin, M.D.	
	8	31. DATE FILED (Morith, Day, Year) SEP 2.1 '9	32. REGISTRARIS S	a Davidson-	Randall					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FRANK PERETTI, MD

'90

31. DATE FILED (Month, Day, Year)

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the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		딃	
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CTOR	after	28	
DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b	
FRAL	n 72	11 11	
FUNE	WITH	TAN	
王	filed	POR	
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Pages 1, 2, 3 should

urs after death. Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

RECORDS, P.O.

DIVISION OF VITAL

THE HOSPITAL OR ATTENDING PHYSICIAN: The

P 23 9

law requires that the death certificate be

G-668 10-15-90 cm 90 27255 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MONTH 12-90 7:15AM Andrew Zaslav 7. DATE OF BIRTH (Month, Day, Year) 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 X M 2 🗍 F 24 YRS Sept. 24,1965 Wash.. D.C. Se. FACILITY NAME (If not institution, give etreet end number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 13 Quelway Court Gaithersburg Montgomery Co. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Kensington Montgomery 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 20895 9605 Culver Street 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: FORCES? 1 YES 2 NO 1 X Never Merried 2 Merried Specify: White BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Flementary/Secondary (0-12) College (1-4 or 5+) Roofing Company Roofer 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Melden Surname) Susan Sklar BE Barry A. Zaslav 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 432 Serra Dr., Corona Del Mar, CA Barry A. Zaslav 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION -- City or Town, State King David Memorial Garden Falls Church, VA 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Joseph Gawler's Sons, Inc. min 5130 Wisconsin Ave, NW, Washington, D.C. 20016 23. PART I. Entar tha disesses, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each lina. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition .NARCOTIC AND DRUG INTOXICATION reaulting in desth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE XXX ES 2 NO OF DEATHS XXXES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: Scene 1 XXES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 26c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO OUND 9-12-BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number. City or Town, State) GAI THERSBURG, MONT. CO., MD 3 Suicide ETED. 6 🛛 Could not be 4 Homicide OUND IN HOUSE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 296 SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ 9-13-90 OCME

> 32 REGISTRAD'S SIGNATURE
> Suha Davidson Mandall DHMH-16 Rev 1/89

V

111 Penn Street, Baltimore, MD 21201

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extraours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	e ned within /2 hours are ream with the State Dept. Of negative any memains promise broads, connected, or negative the most be notified at once. MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI CERTIF					HYGIEN	90	2	7256
j k	1. DECEDENT'S NAME (First, Middle, Lest) MAXINE ZIMMERMAN						2. DATE OF SEPTE	F DEATH MBER ⁰⁴	17 19	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 189-38-6308		GE (in yrs. last birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year)		Country)	ACE (State or Foreign
ron	96. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 96. COUNTY OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH BALTIMORE										
DIRECTOR	100. STATE 106. COUNTY MD Allega		10c. CITY, TOWN OR LOCATION Cumberland						d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 112 Shamrock Roa	T Can	101. ZIP COOE 21502					10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X 100	DMED 13 WAS DECEMBENT OF HISDANIC ODIGINS (S							American Indian, filte, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT of	Give kind of work done during most of working le. Do NOT use retired.)					Schoo	ISTRY	
COM	17. FATHER'S NAME (First, Middle, Lest) Paul D. Miller		10001	<u> </u>		18. MOTHER'S NA	_			<u>, T</u>	
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS	(Street or	Arlene			n, State, Zip	Code)	
10	Mr. Larry G. Zim	merman	112 S	hamro	ck F	Road-Bel	Air (
	20s. METHOD OF DISPOSITION 4 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	St. Mary	E OF DISPOSITION (Name of cometer), cromatory or nacys Cemetery					20c. LOCATION — City or Town, State Cumberland, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502										
	nterva									Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
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IXSI	1 TYES 2 NO	1 28a. DATE OF INJU		4 🗆 Nun		e 8 🗆 Residence	_		NJURY OCC	URFO	
BY PI	Natural 5 Pending Investigation	(Month, Day) Ye		M M	WO	RK? /ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	NJURY — At home, farm, street, factory, office a. (Specify)				28t. LOCATION (Street end Number or Rural Route Number, City or Yown, State)				te Number,
COMPLETED	(Orack Oray	ICIAN: To the best of my I									nd manner es stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R	29c. LICENSE N								fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE O	F OEATH (ITEM 27) (Ty)	oe, Print)	1	2171	1		P C	9/1	1/70
-	Howard Richar	J. John	s Asakir	15 /	105/	pital.	Bul	to 1	18		
S	P 1 9 1990 Julia Da	12. REGISTRAR'S	2.								

7 3		-	Sa. FACILITY NAME (If not is	astitution, give	street and number)			9b. CITY,	TOWN OF	R LOCATION OF DEA	TH TH)-17.	9c. COU	TY OF DEA
2, 3	5	5	Memorial H							land	31 •			gany
	18	DIMECTOR	RESIDENCE OF DE	10b. COUNT	~		I soo CITY	, TOWN OF	LOCATI	ON				Ι,
46 physician. burial-transit permit. Pages 1,			MD	Allega						ON				
Ť.		- 10-	10a. STREET AND NUMBER		шіу		Cumb	erla	_	ZIP CODE			40 - CITI	ZEN OF WH
it be	1 8	FUNERAL	729 Maryla		eniae									
ian. trans			11. MARITAL STATUS	110 1100		VED IN U.S. AL	21502 R IN U.S. ARMED 13. WAS DECENDENT				C OBICINO O	analis Maa	USZ	14. RACE -
Mysic rurial			1 Never Married 2	Merried	FORCES?	YES 2 NO If yes, s			yes, spe	cify Cuben, Mexican	, Puerto Ricar		or No.	Black,
3-314 ending p	2	ā	3 ☐ WidowedXXX M Dive	orced		rean		1	∐ YES2	NO Specify:				Specify: Wh:
203-3146 or attending physician, use as the burial-tran	1	a II		EDENT'S ED	JCATION	18a, Di	ECEDENT'S	USUAL OC	CUPATIO	N A of world-o	16b. KIN	ID OF BUS	SINESS/IND	
212 tal or a	- 1	<u>.</u>	Elementary/Secondary (ly highest grad 0-12)	College (1-4 or 5 +)	life	live kind of w Do NOT use	retired.)						
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MARYLAND 2120; retained by the hospital or atta 5 should be detached for use	at once.	5	17. FATHER'S NAME (First, A							18. MOTHER'S NAM	IE (First, Middl	ie, Meiden	Sumame)	
7 A	[등	N N	Dana G. Ze	nrbaci	cn, Sr.					Minola	G. Br	ant		
MARYL retained by		2	19a. INFORMANT'S NAME (7-					d Number or Rural R	oute Number, (City or Town	n, State, Zic	Code)
Z 90 2		-	Alice L. Z	enrbac	cn		rost	ourg,	MD	21532				
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.	st be	#	90a. METHOD OF DISPOSIT		noval from State	20b. PLACE	OF DISPOS	ITION (Nan	ne of cem	etery, crematory or				City or Town
O e e	must		4 Donation 6 Othe	r (Specify)		HITTO	rest					Cumb	ærla	nd, M
FIMO	i ii	ł	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE			22. N SC	AME AN	DADDRESS OF FAC Elli Fune	auty aral H	iomo.		
BALTIMOR or death. Page 6 m the funeral director, ral.	examiner		1 Jano	m 7	- Ucan	01/	I i			rland, M				
BOX 13146, frate be executed within 23-mours af physician and completely filled me prior to burial, cremation, or remover traumatic event, the medic.	r other traumatic event, the	HIFICALION	23. PART shock, or handle in the calculation of the calculation resulting in death) and calculations are calculated as a calculation of the calcul	tions, edista	a. Or DUE TO (OF DUE TO (OF C. POSS	on each lin	PUM EQUENCE OF COURNER OF	none 10 Ca nok	ary	Arrial i		-ct	ion	
RECORDS, P.O. requires that the death certile been signed by the attending to of Health and Mertal Profile.	hows any injury.	: MEDICAL CE	PART II. Other signific		ona contributing to de							a. WAS AN PERFOR	RMED?	24b.)
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F VIT			27. MANNER OF DEATH		28a. DATE OF IN.		26b. TIM		28c. INJ		28d. DESCRI		NJURY OC	CURED
〇五萬	marke			Pending Investigation	(Month, Day,	Year)	INJ	M	1 U	RK? 'ES 2 NO				
DIVISION O OR ATTENDING PHO DIRECTOR: After this	28 Is	ETED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF II	NJURY At h	iome, farm, a	street, facto	ory, office		281. LOCATIO City or To	ON (Street fown, State)	and Numbe	r or Aurel Ro
	2 :	준 [29a. CERTIFIER (Check only	TIFYING PHY	SICIAN: To the best of my	knowledge, o	leath occurre	ed at the ti	me, date	and place, and due	to the cause(a) and ma	nner as sta	ted.
HOSPITAL FUNERAL	1 1 1	COMPL	anal	DICAL EXAMI	IER: On the basis of axam	nination and/o	r investigatio	n, in my o	pinlon, d	eath occured at the	time, date and	d place, ar	nd due to t	he cause(s)
2 5	RTAN		29b. SIGNATURE AND TITL	E OF CERTIFI	ER					29c. LICENSE NUM	IBER		29d. DA	E SIGNED (
TO THE HOSPIT TO THE FUNERA	2	B B	ma	wh!	min	1	no			032	234	5	10	7/2
F F 1	=	D:	30. MAME AND ADDRESS	F PERSON N	HO COMPLETED CAUSE	OF DEATH (IT	EM 27) (400,	Man:	cal	Bldc C	mbox1	- And	MD	21502
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032. REGISTRAR'S SIGNATURE who Davidson-Randall

CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

59 YRS. MONTHS DAYS HOURS MIN.

ZEHRBACH

1 - FOR STATE REGISTRAR

JOHN

1. DECEDENT'S NAME (First, Middle, Last)

SEP 2 1 1990

4. SOCIAL SECURITY NUMBER

213-24-7397

J.

5. SEX

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90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR September 14. 1990 6:29 P 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 10-03-1930 MD 9c. COUNTY OF DEATH Allegany 10d. INSIDE CITY LIMITS? YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: white BUSINESS/INDUSTRY gany Balistics Lab Town, State, Zip Code) LOCATION - City or Town, State mberland, MD apiratory arrest, Approximate Interval Between Onset and Death Imediate tion AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 (NO 1 YES 2 NO W INJURY OCCURED net and Number or Rural Route Number, ate) manner as stated. and due to the cause(s) and manner as stated.

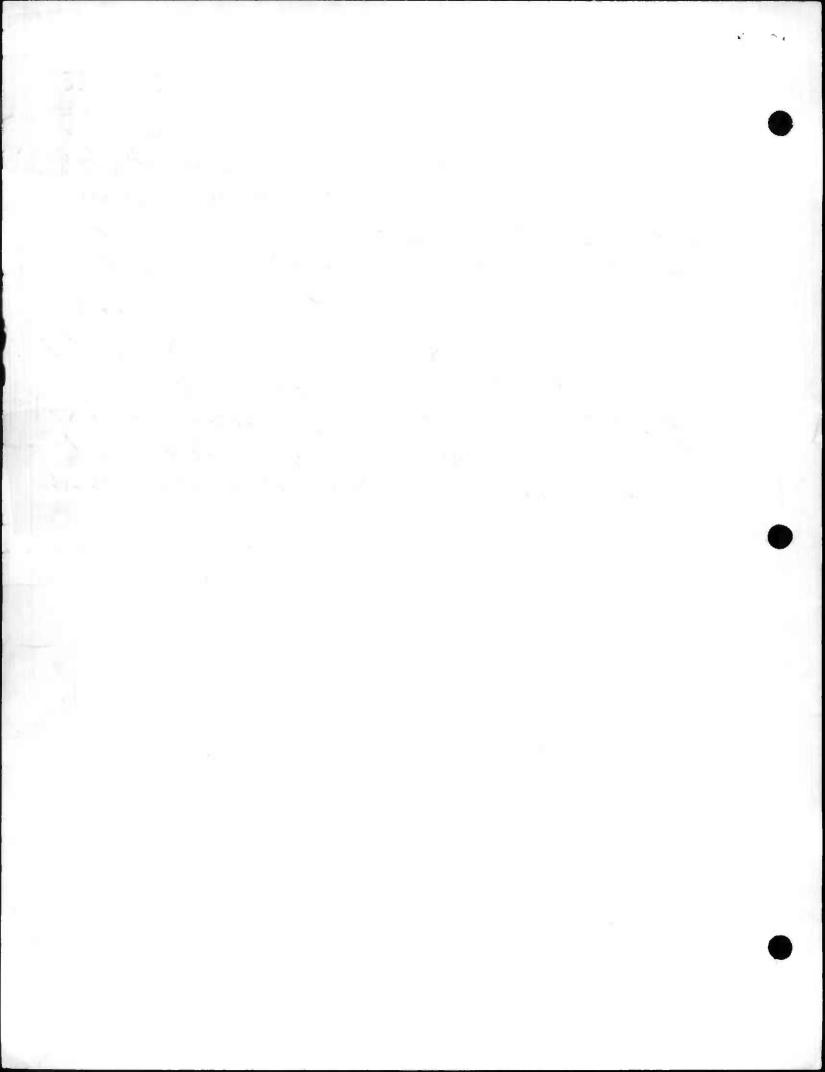
DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE		NTAL HYGIENE 91	27258
	1. DECEDENT'S NAME (First, Middle, Last)	E. Zincon		DATE OF DEATH DAY YOU	3. TIME OF DEATN 0 2326 M
	213-05-3825	5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F YRS. MONTHS	1 YEAR IF UNDER 24 HRS. 7. DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 12 29 08 /	BIRTHPLACE (State or Foreign
2.3 Should TOR	90. FACILITY NAME (If not institution, give a COLVIO) CO	General Hospital W	rown or location of death	e ma se county	OF OEATN CIVOI
Pages 1	109 STATE / 10b. COUNT		OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burial-transit permit. FUNERAL	100. STREET AND NUMBER / 6/	lonial Aux.	2//57	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO	WAS DECENDENT OF NISPANIC If yes, specify Cuban, Mexicon, P 1 YES 2 NO Specify:		RACE — American Indian, Black, White, etc. Specify: If it
hospital or attending ached for use as the ce.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		during most of working	6 riet Saw	11
be del	17. FATHER'S NAME (First, Middle, Lest)	T. 5/0p	16. MOTNER'S NAME	(First, Middle, Malden Syrname)	
y be retained age 5 should be notified TO BE	190 MENT'S NAME GIPPOPPINE)		S (Street and Number or Rural Roun	te Number, City pr Town, State, Zip Co	Mrd. 21157
e 6 may rector, pa must b	20e METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ref 4 Donetion 5 Other (Specify)	MES/AIASTE	Ceres	Westain	Te State
r death. P	21. SIGNATURE OF FUNERAL SERVICE L	That 22	LOMA D. FR	the I Son	Westainster
d within 25 nours after completely filled in by the i, cremation, or removal event, the medical		complications that caused the deeth. Do not enter List only one cause on each line. s. Oran Nega	the mode of dying, such a	ticemia	Interval Between Onset and Death
certificate be execute ding physician and cutygiene prior to buriar other traumatic rother traumatic	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	s e needa	e Sleeding	2-3 in (4)
Menty C	PART II. Other significant condition	o. ne contributing to death but not resulting in the u	nderlying causa given in Pa	rt I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
w requires that the is been signed by the pt. of Health and M 3 shows any Inji				_ 1 _ YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- 82 N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 (Vinpatient 2 ER/Oulpatient 3 DOA 4 Nu	26. PLACE OF DEATN (Check R: rsing Home 5 Residence 6		
E 5 7 E .	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY		6d. DESCRIBE NOW INJURY OCCUI	REO
After After death	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — Al home, farm, street, fac building, etc. (Specify)		61. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
	need only	I SICIAN: To the best of my knowledge, death occurred at the IER: On the basis of examination and/or investigation, in my			
	266. SIGNATURE AND TITLE OF CENTUR		29c. LICENSE NUMBI		IGNED (Month, Day, Year)
TO THE TO THE PRESENT OF THE PRESENT		HO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)		uş	strains ter me
	31. DATE FILED (Month, Day (Mar)	TEERS MD Scite	lor Dill	ngslea isi	9



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46	after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21203-3146	death.	funer
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DIVISION OF VITAL RECORDS, P. BOX 13146,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demonstrates an excited within 2-mounts after death. Page	TOT	be fil	da

		FOR 1 - STATE REGISTRAR	STATE OF MARYI				HEALTH ANI	MEI	NTAL HYGIEN	90	27259
		1. DECEDENT'S NAME (First, Middle, Las	st)						DATE OF DEATH		3. TIME OF DEATH
	į	WILLIAM	Ε.	AN	NDERS	SON,	SR.			1990	1:55 P.M
	-1	4. SOCIAL SECURITY NUMBER		(In yrs. lest b		F UNDER 1 YEAR	IF UNDER 24 HR	3. 7.1	DATE OF BIRTH (Month, Day, Yber)	8.	BIRTHPLACE (State or Foreign Country)
	ŀ	212-12-7220	1 ₹ M 2 □ F 72		`S.	ONTHS DAYS	HOURS MIN		-18-191	8 1	Mâryland
		9a. FACILITY NAME (If not institution, give	re street and number)	_	91	b. CITY, TOWN	OR LOCATION OF	DEATH	1	9c. COUNT	Y OF DEATH
	DIRECTOR	St. Joseph Hos	spital			Tovs	on			Balt	imore
	n D	10e. STATE 10b. COU			10c. CITY, 1	TOWN OR LOC	ATION				10d. INSIDE CITY
18	5	Maryland Baltimore									LIMITS?
1	اہ										N OF WHAT COUNTRY?
1	FUNERAL	5900 Glenkirk	Road				21239			U.S	. A .
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARME	ED		CENDENT OF HIS pecify Cuben, Me		RIGIN? (Specify Yea		4. RACE — American Indian, Black, White, etc.
	2	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES			S 2/TYNO SO		serio ricen, etc.)		Specify:
		15. DECEDENT'S E	PRICATION	Las peac			1011		Las mis as size		White
- }	ETED	(Specify only highest gri	ade completed)	(Give	kind of world O NOT use n	BUAL OCCUPAT k done during in ettred.)	nost of working		16b. KIND OF BUS	RINESS/INDU	STRY
1	Z	Elementary/Secondary (0-12) 6 Years	College (1-4 or 5+)	1		itter			Martin	Mar	iotta
nce.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1 1	00 1	10001	18. MOTHER'S	NAME (First, Middle, Maiden		lecca
a 2		William	н.	Andei	rson		Rose			Schu	1 t.z
	BE	19e. INFORMANT'S NAME (Type/Print)	***			DDRESS (Stree		ral Route	Number, City or Town		
100	2	Lillian I. And	derson	59	900	Glenk	irk Ro	ad	Baltimo	re,	Maryland
20		20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 R	20		F DISPOSITI		emetery, cremetory				ty or Town, State
must		4 Donation 5 Other (Specify)				Valle	y Mem.	Ga	r. Bal	to.C	o.,Maryland
le le		21. SIGNATURE OF FUNERAL SERVICE	LICENSIAE			22. NAME	AND ADDRESS OF	FACILIT	TY		
EXA		Dalm 6.	Solon								uneral Home son,MD21204
lca	\neg	23. PART/I. Entar tha diseases, o			th. Do not						
me me		ahock, or heart fallu	re. List only one cause on	aach line.							interval Between Onest and Death
rumstic event, the medical examiner		disease or condition resulting in death) Congestine hent failure									
iven		DUE TO (OR AS A CONSEQUENCE OF):									
9	Z	Sequentially list conditions, b. multiple CV & s									
E .	Ĕ	If any, laading to immediate cause. Enter UNDERLYING									
	2	CAUSE (Disease or injury									
0 0	CERTIFICATION	that initieted eventa resulting in death) LAST									[
2											
any Injury.	SA	PART II. Other algnificant condit	tions contributing to death	but not rea	aulting in	tha undarly	ng cause givan	in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
am		-							1 YE\$ 2	□ NO	OF DEATH?
shows	MEDI								.		1 TYES 2 NO
23 8	N N	Or had care personnel to a	. 1								
or Item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	eres II roce		OTHER:	PLACE OF DEATH				
8	148	1 YES 2 NO	1 Impetient 2 ER/Ou		28b. TIME (me 5 Realder	_	d. DESCRIBE HOW I	M HIBY OCC	IREO
34		1 Netural 5 Pending	(Month, Day, Year)		INJUR	TY 1	YORK7	1.0	a. DEJONIBE NOW	NOUNT OCCU	NIEO .
S THE	BY	2 Accident Investigation 3 Suicide & Could not	28e. PLACE OF INJUR		ie, farm, str			28	t. LOCATION (Street	and Number o	r Rural Route Number,
28	ETED	4 Homicide 6 Could not determined		ecify)					City or Town, State)		
Item		29a. CERTIFIER 1 CERTIFYING PH	TYSICIAN: To the best of my kno	wledge, deat	th occurred	at the time, d	te and place, and	due to 1	the cause(a) and mer	nner as stated	d.
100	COMPL	one)	MINER: On the beals of examinat								
HTAN	C	29b. SIGNATURE AND TITLE OF CERTI	IFIER			-	29c. LICENSE	NUMBE	R	29d. DATE	SIGNED (Month, Day, Year)
2 1	00	national w	Di de Le	w,	711.	·D.	D	19	508	1	0/4/90
=	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF E	EATH (ITEM	27) (Type, P	Print) S	T. 105	7	PH HO	PIT	AL TAMSON
		NATIVIDA	D D. DE L	-EON	1 c	10	(, 003	U '	1, (1)	MD	12/2014
		31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE									
	- 1	001 0 1000			-						

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atte event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demons TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any Injery, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF				REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE O	OF DEATH DAY	YE	3. TIME OF DEATH	
Frank Westco	ott Adams		The contract of	<u> </u>	10/	02/90			
4. SOCIAL SECURITY NUMBER 212-05-2936A	5. SEX 6. AGE	E (In yrs. lest birthday) 74 YRS.	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE 0 (Month, 4/1	Dey: Moer) . 2/16	4.	BIRTHPLACE (State or Foreig Country) Virgini	
9a. FACILITY NAME (If not institution, give	etreet and number)		9b. CITY, TO	WN OR LOCATION OF D	DEATH	1	e. COUNTY		
5825 Oklahoma I	Road		Syk	esville			Ca	rroll Count	
10e. STATE 10b. COUN		10c. CI	TY, TOWN OR I	LOCATION	5-5			10d. INSIDE CITY	
	arroll	1000	Sykes	ville				1 TES 2 KNO	
5825 Oklahoma I	Road	- 2		101. ZIP CODE 2178	34	,		of WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 K Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 社区 YE IF YES, GIVE WAR OR		lf ye	B DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 NO Spec	en, Puerto Ri		Chicago III	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EC (Specify only highest gra-	OUCATION de completed) College (1-4 or 5 +)	18a, DECEDENT'S (Give kind of Me. Do NOT u	B USUAL OCCL work done duri use retired.)	JPATION ing most of working	16b.	KIND OF BUSIN			
, (-,	4 years	Ret:	C.P.A.		Ma	ryland	Bo1t	& Nut Co.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, M	liddle, Meiden Su	rname)		
Daniel W. Adams				Orah	(Barn	ley)	12		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Rura	Route Numbe	er, City or Town,	State, Zip Co	ole)	
Mrs. Aleta Adams	3	5825	0klah	oma Road	Sykes	ville,	MD	21784	
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place) WOO	dlawn	of cometery, cremetory or Cemetery			TION - CHY Odlaw	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ME AND ADDRESS OF F	ACILITY		_		
23. PART I. Enter the diseases, o shock or heert fellure	r complications that caus s. List only one cause on	ed the death. Do	872		Road	Randa	11sto	Approximate Interval Betw	
23. PART Lener the diseases, o shock or heert fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. ARTERIOSC DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	LEPOTIC B A CONSEQUENCE OF TRUSTON	872 not anter the	8 Liberty e mode of dying, su	Road ch se card	Randa lac or reapired	11sto	Approximate Interval Betw Onset and D	
23. PART I Enter the diseases, o shock or heert fellum immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. ARTERIOSC DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	LEFOTIC B A CONSEQUENCE C	872 not anter the	8 Liberty e mode of dying, su	Road ch se card	Randa lac or reapired	11sto	Interval Betw Onset and D	
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23. PART Lener the diseases, o shock or heert fellum immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. ARTERIOSC DUE TO (OR AS C. HYPER DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	sed the death. Do each line. LEPOTIC S A CONSEQUENCE	872 not anter the ORO OF): LYTH OF): In the unde	8 Liberty e mode of dying, su NACT VA writing cause given in	Road ch as cardle SCUL	Randa lac or respirat Lac Di Lac WAS AN AL PERFORM 1 YES 2 E	11sto tory arrest SEAS	Approximate Interval Betw Onset and D I O YR 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUSOF GEATH?	
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23. PART Is Enter the diseases, o shock or heert fellum immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. ARTERIOSC B. List only one cause on a. ARTERIOSC DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	Bed the death. Do each line. LEPOTIC B A CONSEQUENCE OF THE CONSEQUE	OFFI: OTHER: 4 Nursing ME OF LURY M	E Liberty e mode of dying, su ALT VA ALT VA critying cause given in 28. PLACE OF DEATH (C. g Home 5 Residence oc. INJURY AT WORK? 1 VES 2 NO	Road ch as cardle SCUL	Randa lac or respirat Lac Di Lac WAS AN AL PERFORM 1 YES 2 E	11sto: tory arrest SEAS	Approximate Interval Betw Onset and D O YR 24b. WERE AUTOPSY FIND AMPLABLE PRIOR TO COMPLETION OF CAUTOPS OF AUTOPS AUT	
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23. PART Is Enter the diseases, o shock or heert fellum immediate cause or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the cause o	a. ARTERIOSC DUE TO (OR AS DUE TO	BA CONSEQUENCE OF A CON	872 not anter the state of the	8 Liberty e mode of dying, su e mode of dying, su NACT VA A THE MATTER STATE OF DEATH (C g Home 5 Residence so. INJURY AT WORK? 1 VES 2 NO , office a, date and place, and de sion, death occurred at the 29c. LICENSE NI 29c. LICENSE NI 20c	Road ch as cardle SCUL n Part I. Check only one 28d. Desir 28d. Local city of the cause to the cause time, date	Randa: lac or respirat 24a. WAS AN AL PERFORM! 1 YES 2 P (Specify) CRIBE HOW INJ ATION (Street and TOWN, State) see(e) end manner and place, and	UTOPSY ED? HO HURY OCCUR Of the control of the co	Approximate Interval Betw Onset and D 24b. WERE AUTOPSY FIND ARAILABLE PRIOR TO COMPLETION OF CAU OF OEATH? 1 YES 2 NO RURAL Route Number, BUBB (e) and manner ee state (GNED (Month, Dey, Year)	
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non e enome within 24 nours after death. Page 6 may be retained by th	contain an completely filled in by the funeral director, page 5 should be e	her traumatic event, the medical examiner must be notified at
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law mounts that the death centifical executes within 24 nouns after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attended to the completely filled in by the funeral director, page 5 should be to filled within 72 hours after death with the State death with the S	MACATANT IS them 28 is marked or them 25 shows any industry or other traumatic event, the medical examiner must be notified at

DECEDENT'S NAME (First, Middle, Last)	- Blowh	McAUTHE	ER BRO	WN)		2. DATE	OF DEATH DAY		ar 1/: 50 f	
SOCIAL SECURITY NUMBER 220-86-9979		6. AGE (In yrs. lest bit	irthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month		8.1	BIRTHPLACE (State or Foreign Country) S.C.	
	treet and number)				MORE,	EATH		COUNTY		
M. STATE 10b. COUNT	Y	BALTIMORE, CITY				ITY			10d. INSIDE CITY LIMITS? 1) YES 2 NO	
622 N. MOUN	T STREE	T		10f.	21217		10	U S	OF WHAT COUNTRY?	
. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	ED 15	If yee, spe	ENDENT OF HISPAI city Cuben, Mexics 2 NO Specif	n, Puerto F			RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th		(Give	DENT'S USUAL kind of work don to NOT use retired	e during mos (.)	N of working WORKE		KIND OF BUSINES			
FATHER'S NAME (First, Middle, Lead) HENRY BROWN		1 001	131100	TION	16. MOTHER'S NA	ME (First, A	Middle, Maiden Sum	ame)		
WILBUR BROWN	V		-		ELIZ	Route Numb			MD. 21217	
De, METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem Donation 5 Other (Specify)	noval from State		DISPOSITION (Name of cem	HSKI S etery, cremetory or EMETER		20c. LOCATI	ON — City	or Town, State LLE, MD.	
. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		2	2. NAME AN	D ADDRESS OF FA	CILITY				
3. PART i. Enter the diseases, or shock, or heart fellure.	complications that	caused the deet	th. Do not ant						Interval Bets	
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shook, or heart failure. MMEDIATE CAUSE (Final lisease or condition esulting in death)	a. DUE TO ((se on each line.	MENCE OF):						Approximate interval Bets	
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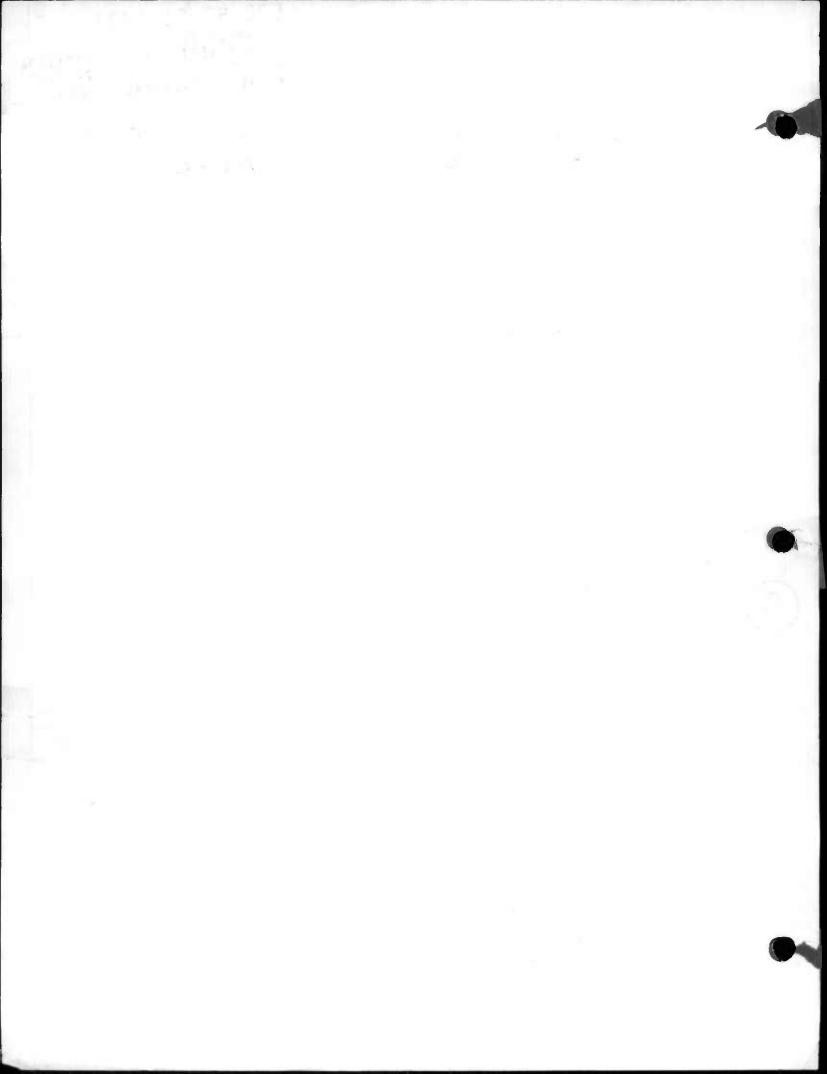
DHMH-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

_ 1	- STATE REGISTRAR	CE	RTIFIC	ATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)	OWN JR.	,				DAY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. S			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.6	NRTHPLACE (State or Foreign Country)		
ron	9e. FACILITY NAME (If not institution, give street at UNION 'AEMORIAL H RESIDENCE OF DECEDENT		50	BALTIMO	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCATE		Υ		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO		
IERAL	190. STREET AND NUMBER 1801 E. 30th STREET					21218 USA				
B	4 17 Naver Married 2 X Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYPES 2 TYPE IF YES, GIVE WAR OR DATES		If yea, spe		n, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elamentary/Secondary (0-12) 6 t h	leted) (GIV	e kind of work Do NOT use re	val occupation of done during most defined.)	N st of working	16b. KIND OF B	USINESS/INDUST	RY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) PERCY BROWN SR.				16. MOTHER'S NAI	ME (First, Middle, Maide MAYE	n Sumame) BROWN			
TO B	190. INFORMANT'S NAME (Typo/Print) MARY V. BROWN			,		ALTIMOR				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State other pla			PK. CEM	ETERY PI	OCATION — CHY			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME AN	ID ADDRESS OF FA	CILITY		NORTH AVE.		
	23. PART I. Enter the disesses, or compandock, or heert fellure. List IMMEDIATE CAUSE (Finel disesse or condition acquiting in death)	olications that caused the deconly one cause on each line.						Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Survey Canala path, Due to (or as a consequence of): authorized Encephala path, Due to (or as a consequence of): b. Survey Canala path, Due to (or as a consequence of): authorized Encephala path, Due to (or as a consequence of): c. Due to (or as a consequence of):									
MEDICAL	PART II. Other algoliticent conditione of	ontributing to deeth but not r	eeulting in	the underlyin	g Cauee given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C)	neck only one)				
rsic	EXAMINER?		□ DOA 4			6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	26b. TIME (RY WO	JURY AT ORK? YES 2 NO	26d. DESCRIBE HD				
	3 Suicide 6 Could not be 4 Homicide datarmined	26a. PLACE OF INJURY — At he building, atc. (Specify)	me, ferm, str	eet, factory, offic	ca .	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	(Check only	t: To the best of my knowledge, de in the basis of axamination and/or								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER TO HOME	ler, m. D.			29c. LICENSE NU		29d. DATE S	0-3-90		
TO.	30. NAME AND ADDRESS OF PERSON WHO CO		М 27) (Туре, F	Print)						
	31. DATE FILED (Month, Day, 1697) OCT 0 5 1990	32. DEGISTRAD'S SIGNATURE	ndere							



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		completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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	rithin 2. Jurs after death. Page 6 may be retained by the hospital or attending physical	ice and completely filled in by the
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build, cremation, or removal, DIVISION OF VITAL RECORDS, P. 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires trait to the FUNEAL DIRECTOR, After this certificate has been signed by the field within 72 hours after death with the State Dept. or Health and Mental IMPORTANT: If Item 28 is marked, or item 23 shows any injury.

		FOR STATE REGISTRAR	STATE OF I	WARYLAND /		TMENT				MENTA	L HYGIEN	ч	0	272	63
		1. DECEDENT'S NAME (First, Middle, Last)	E	<i>ORCHAR</i>	PT					2. DATE MONT	OF DEATH		EAR	IME OF DE	ATH 15 4 _M
	i	4. SOCIAL SECURITY NUMBER 216 18 0146	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.		OF BIRTH		BIE NPLAC	E (State or	Foreign
9	HO CH	90. FACILITY NAME (If not institution, give st LOCH RANN VA					0	I MOR	ON OF DE	ATN		Secounty of Death Sart Carry			
1	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	ETY, TOWN OR LOCATION						10d	. INSIDE CI	ſΥ	
	DIRECTOR	MP USA					BAR	лW	RE		1			LIMITS? VES 2	NO
	FUNEHAL	2844 HUBON					101	37	2	24	<u> </u>	U.	0	H	
1	à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAS OR DATES					If yes, sp	ecify Cubi		n, Puerto	N? (Specify Ve Ricen, etc.)	a or No-		H	es.
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	Do NOT u	Work done se retired.)	during mo	ON at of worki	ing	161	LINE OF BU	SINESS/INDUS			
- 1	COM	FATHER'S NAME (First, Middle, Last)	Bacc	havd	1	16.60		Ma. Mot	HER'S NA	"Vic	Middle, Malden	1111	ma	nar	H
3 6	10 8	190. INFORMANT'S NAME (TOOLPRINE)	man	191	MAILING PAR	ADDRES	S (Synato	no Numbe	or April	Sup Num	ber, Clay on Toy	vn I tate, Zip Co	7	12	18
100		201 METNOD OF DISPOSITION 1 Spuriel 2 Cremetion 3 Remote 4 Donetton 5 Other (Specify)		20b. PLACE other pla	OF DISPO	. 121	ame of cer	netery, cre	matory or	معلم	20c. LC	OCATION - CITY	or Town,	State	
		21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11	CIT	22	NAME A	ADDRI	SS OF FA	CILITY	12-12	fw!n	OP	hA	بعر,
-	7	Teven (arra	ll			IV	Vil	UC	ar	011	FUNE	BA -	Hon	رق
		23. PART I. Enter the diseases, or c shock, or heart fallure. IMMEDIATE CAUSE (Final				not ente	r the mo	de of dy	/ing, suc	h aa cer	diac or resp	elratory srreat	l,		mats Between nd Death
taliga.		resulting in death)		O (OR AS A CONSEC			ICER	<u> </u>						91	rannis
	NO	Sequentially list conditions, if sny, leading to immediate	b	O (OR AS A CONSEC	OUENCE (OF):									
	S	csuse. Enter UNDERLYING CAUSE (Disease or injury	c												
	CERTIFICATION	that initiated evants resulting in death) LAST	d	O (OR AS A CONSEC	DUENCE (OF):									
Н.	- I	PART II. Other algolificant condition	na contributing to	o death but not r	eaulting	In the u	ndariyin	g cause	given in	Part I.	24a. WAS AI	N AUTOPSY PRMED?		RE AUTOPSY	
	MEDICA										1 TYES	2 NO	OF	MPLETION O DEATH?	
									-				1 [YES 2 [] NO
2	AN	25. WAS CASE REFERRED TO MEDICAL						LACE OF	OEATN (Ch	neck only o	rrie)				
91 10	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		ne 5 🗆 F	tesidenca	a 🗆 Oth	er (Specify)				
		27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	WC	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE NOW	INJURY OCCUP	RED		
	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE building	OF INJURY — At ho y, atc. (Specify)	me, farm	atreet, fac	ctory, offic	ca .			CATION (Street or Town, State	and Number or	Rural Route	Number,	
Hall II	COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												d manner a	s stated.
-	E CC	29b. SIGNATURE AND TITLE OF CERTIFIE		····				29c. LIC	CENSE NU	MBER		29d. OATE S	IGNED (Mo	nth, Day, Ye	ur)
<u> </u>	TO BE	Rolph Detries	MD									▶ 91	23/	70	
	=	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)									

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Dey, Year) 05 1990

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STATE OF

BALLIMORE, MARYLAND	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache smoval.	lical examiner must be notified at once.
146,	ted within 2- mount	completely filled in ital, cremation, or n	c event, the me
DIVISION OF VITAL RECORDS, P. O. BOX W146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dumin of the dumin deviction after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending provided and completely filled in by the fined within 72 hours after death with the State Dept. of Health and Mersell Hyper Control after death with the State Dept. of Health and Mersell Hyper Control after death with the State Dept. of Health and Mersell Hyper Control after Dept.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF HI	EALTH AND I DEATH	MENTAL HYGIEN	E 9() 2	7264
	1. DECEDENT'S NAME (First, Middle, Last) LEILA RAINE					2. DATE OF DEATH DA		3. T	ME ON DEATH
	- 12 6010	5. SEX 6. AGE (in yrs.	and and	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	6. 8	HRTNPLAC	DE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give stre	et and number)	9		R LOCATION OF DE	ATN	9c. COUNTY	OF DEATN	1
DIRECTOR	SINAL HUSPITAL RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	OF BALLINU		OWN OR LOCATI				10d	. INSIDE CITY
	10e. STREET AND NUMBER	BALTO			ZIP CODE	BALTIMULE		1/8	YES 2 NO
FUNERAL	303 G. LIMES	TONE VALLEY	Delv	E 101.	21215		10g. CITIZEN	SA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 [IF YES, GIVE WAR OR DATES		If yes, spe		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:		RACE — A Black, Wh Specify:	Areaciser trician, lifts, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	(TION 16e. College (1-4 or 5+)	DECEDENT'S US (Give kind of word life. Do NOT use n	k done during mos		18b. KIND OF BUS	INESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Lost)	VEASEY			16. MOTHER'S NA	ME (First, Middle, Maiden NCES L	Sumame) ANK		
10	19a. INFORMANT'S NAME (Type/Print)	ECORDS	19b. MAILING AL	ODRESS (Street at	AS AS	ABOVE	n, State, Zip Cod	le)	
	20a, METHOD OF DISPOSITION 1 General Burtal 2 Cremetion 3 General 4 Donation 5 Gother (Specify)	ral from State	CE OF DISPOSIT	ON (Name of cert	cemen	ERY BY	CATION — City ATIM	Or TOWN,	State CITY
	21. SIGNATURE OF FUNERAL SEEDICE LICE	NSEE A. G	air	22. NAME AN	D ADDRESS OF FA	THEL OF	E CA	Im	185 MONIM
	23. PART / Enter the diseases, or co shoot, or heart failure. I IMMEDIATE CAUSE (Fine)	mplications that caused the at only one cause on each i	daath. Do not line.	anter the mod	da of dying, auc	h aa cardiac or respi	ratory arreat,		Approximate interval Batween Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CON						i	2 days
NOI	Sequentially list conditions, b.	DUE TO (OR AS A CON	SEQUENCE OF):						
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):						
CERT	resulting in death) LAST								
CAL	PART II. Other algorificant conditions Sphipfy dur					Part i. 24a, WAS AN PERFOR	MED?	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
: MEDIC		V					7		DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (C)	heck only one)			
PHYSICIAN:	27, MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c, INJ		6 ☐ Other (Specify) 28d. OEŞCRIBE HOW I	NJURY OCCUR	ED	
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, ferm, etc.		YES 2 NO	281. LOCATION (Street City or Town, State)		Rural Route	Number,
LETE	4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	a, death occurred	at the time, data	and plece, and du	to the cause(a) and ma	nner as stated.		
COMPLET	one) 2 MEDICAL EXAMINER	: On the basis of axamination and			eath occured at the	time, data and place, ar	d due to the ca	-	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mo	nth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	SINAI HOSPIT			IMORE				
	31. DATE FILED (Month, Day, Year)	Julia Baut doon	Pande 2	7					
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BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

after death. Page 6 may be retained by the hospital or attending physician. funeral filled in by the for, or removal. nding physician and completely Hygiene prior to buriar, crematiother traumatic event, 6 the atten Injury, requires that the and any Health a has been signer. Dept. of Health OR ATTENDING PHYSICIAN: The law Item th the State 0 with t marked, DIRECTOR: After the hours after death with them 28 is mark TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 hr

27265 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATN (Bea) 90 7:50 A Morris Beab 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Month, Day, Year) 5/1/47 MONTHS DAYS HOURS 1-E M 2 - F 43 YRS Md 218-46-5969 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1915 Pearlman Baltimore City 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. Baltimore 1 # YES 2 | NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 1915 Perlman Pll. 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whits, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 2 1 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 H Married 1 YES 2 NO Specify: Specify: Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Rea Ellanora John BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1915 Perlman Pl. Balto, Md. 21213 Juanita Bea 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 29s. METHOD OF DISPOSITION

17 Burlel 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) Western Star Catonsville, Md 21. BIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or hasrt failure. List only one cause on each line. Interval Bety Onset and Desu-IMMEDIATE CAUSE (Final disesse or condition . ACUTE COMBINED COCAINE, DOXEPIN & ALCOHOL INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: YES 2 NO nt 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 🔀 Residence 8 ☐ Other (Specify) 28s. DATE OF INJURY 1 (Manth, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 1 Natural 5 Pending UNKNOWN 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicids 6 Could not be ETED 1915 PEARLMAN STREET 4 Nomicide datermined 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SICHAPTURE AND THE OF CONTROL 29d. DATE SIGNED (Month, Day, Year)

10/2/90 29c. LICENSE NUMBER BE **OCME** 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D. 111 Penn St. Baltimore, Md. 21201 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

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ATTENDING PHYSICIAN: The law requires that the de	CTOR: After this certificate has been signed by the at	s after death with the State Dept. of Health and Ment	28 is marked, or item 23 shows any injury,
ATTENDING PHYSICIAN: The law requires that the de	RECTOR: After this certificate has been signed by the at	us after death with the State Dept. of Health and Ment	m 28 Is marked, or Item 23 shows any Injury,
OR ATTENDING PHYSICIAN: The law requires that the de	DIRECTOR: After this certificate has been signed by the at	ours after death with the State Dept. of Health and Ment	em 28 is marked, or item 23 shows any injury,
. OR ATTENDING PHYSICIAN: The law requires that the de	DIRECTOR: After this certificate has been signed by the at	hours after death with the State Dept. of Health and Ment	Item 28 is marked, or item 23 shows any injury,
AL OR ATTENDING PHYSICIAN: The law requires that the de	AL DIRECTOR; After this certificate has been signed by the at	2 hours after death with the State Dept. of Health and Ment	if item 28 is marked, or item 23 shows any injury,
ITAL OR ATTENDING PHYSICIAN: The law requires that the de	RAL DIRECTOR: After this certificate has been signed by the at	72 hours after death with the State Dept. of Health and Ment	: If Item 28 is marked, or Item 23 shows any injury,
SPITAL OR ATTENDING PHYSICIAN: The law requires that the de	ERAL DIRECTOR: After this certificate has been signed by the at	in 72 hours after death with the State Dept, of Health and Ment	IT: If Item 28 is marked, or Item 23 shows any injury,
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	INERAL DIRECTOR: After this certificate has been signed by the at	thin 72 hours after death with the State Dept. of Health and Ment	NT: If Item 28 is marked, or Item 23 shows any Injury,
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	FUNERAL DIRECTOR: After this certificate has been signed by the at	within 72 hours after death with the State Dept. of Health and Ment	TANT: If Item 28 is marked, or Item 23 shows any injury,
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	E FUNERAL DIRECTOR: After this certificate has been signed by the at	d within 72 hours after death with the State Dept. of Health and Ment	RTANT: If Item 28 is marked, or Item 23 shows any injury,
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	HE FUNERAL DIRECTOR: After this certificate has been signed by the at	led within 72 hours after death with the State Dept. of Health and Ment	ORTANT: If Item 28 is marked, or Item 23 shows any injury,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	THE FUNERAL DIRECTOR: After this certificate has been signed by the at	filed within 72 hours after death with the State Dept, of Health and Ment	PORTANT: If Item 28 Is marked, or Item 23 shows any Injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contact of the law and the required that the death of the death of the law of the required that the death of the law of the required that the death of the law of the required that the law of t	THE FUNERAL DIRECTOR: After this certificate has been signed by the at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygend and permit on nation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

REGISTRAR	STATE UP MART		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	9	0 27266				
	Elma I. Bi	reton		2. DATE OF OEATH MONTH DA	1990	3. TIME OF OEATH 8:30 a				
4. SOCIAL SECURITY NUMBER 105-10-0858 9a. FACILITY NAME (If not institution, g	1 🗆 M 2 🔀 F	76 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF O	7. OATE OF BIRTH (Month, Day, Year) 01/24/1	4	BIRTHPLACE (State or Foreign Country) New York				
1274 Caddie	Drive 21	1012	Arnold		Anne Arundel					
Maryland Ar	Total City, IC				10d. INSIDE CITY LIMITS? 1 YES 2 X N					
1274 Caddie I	1274 Caddie Drive			012		USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR DR	S 2 NO	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12th		Me. Do NOT use ret	done during most of working	16b. KIND OF BUS	Home	TRY				
17. FATHER'S NAME (First, Middle, Lest,)	110		AME (First, Middle, Melden						
Charles	David			Nora	G	amey				
19e. INFORMANT'S NAME (Type/Print)		The state of the s	DRESS (Street and Number or Rural			ole)				
Clement C.			addie Drive			21 01 2				
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	other place)	N (Name of comotory, cromatory or Crematory, I			or Town, State				
21. SIGNATURE OF SUNERAL SERVICE George E.	- muse		22. NAME AND ADDRESS OF F. Cremation S 299 Frederi	ociety o	f Md.	, Inc.				
shock, or heert felit IMMEDIATE CAUSE (Final disease or condition resulting in death)	a:	stutie	Ovanau	Couser	···	Interval Betwee				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant cond	litions contributing to death	but not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA EXAMINER?	AL HOSPITAL:	O	26. PLACE OF DEATH (C	PERFOR	MED?	COMPLETION OF CAUSE OF DEATH?				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	AL	utpetient 3 DOA 4 (28. PLACE OF DEATH (C FMER: Nursing Home 5 KResidence F 28c. INJURY AT WORK?	PERFOR	₩ NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	AL HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) tion 28e. PLACE OF INJURY building, etc. (%)	urbstient 3 DOA 4 CY 26b. TIME Of INJURY	28. PLACE OF DEATH (C FHER: Nursing Home 5 KResidence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 6 Other (Specify)	MININA OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
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traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P. G. BO	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death printing	TO THE FUNERAL DIRECTOR: After this certificale has been signed by the attending physics find within 22 hours when down with the State Dank of Health and Secret House	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other tr
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	1. DECEDENT'S NAME (First, Middle, Last)	amphe	//		2. DATE OF MONTH		YEAR 2.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-36-9597 9a. FACILITY NAME (# not institution, give street and number)	51 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		30/38	Virg	irginia		
TOR	Liberty Medical Center			wh or location of Death litmore City 9c. COUNTY OF DEATH						
DIRECTOR	MARYLAND 106. COUNTY		TIMORE	ECITY				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2808 PRESSTMAN STREET		101	10g. CIT 21216			USA	T COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 I	If yes, spe	ENCENT OF HISPAI city Cuben, Mexico 2 NO Specif	NIC ORIGIN? (S		4. PACE — Black, W	American Indian, finita, etc.			
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Specify only highest grade completed) (Give kind of work done during								
OME	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Midd	le, Maiden Sumame)	-			
BE C	JOSEPH C. NICKENS					APBELL				
2	190. INFORMANT'S NAME (Type/Print) ELINOR CUTLER	The same of the sa				City or Town, State, Zip (1216		
	20a. METHOO OF DISPOSITION	20b. PLACE OF DISPOSIT		MAN STI	KEET	BALTO . MI 20c. LOCATION — C		1216 State		
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	GARRISON	FORE	CEST CEMETERY OWINGS MILL, MARYLANI						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O, DYETT FUNERAL HOME, INC. 4600 LIBERTY HEIGHTS AVE 21207									
	23. PART i Enter the diseases, or complications that c	eused the death. Do not					et,	Approximata		
	immediate Cause (Fine) disease or condition MYOCARD) AL INFARCTION Interval Between Onset and Death									
7	bue to (o	R AS A CONSEQUENCE OF): 1 PER 7	-EN	5,01	/					
E	If any, leading to immediate	R AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST OUE TO (DR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contributing to de	the underlying	ying cause given in Part I. 24a. WAS AN AUTO PERFORMED? 1 ☐ YES 2 ☐ N			AMILABLE PRIOR TO				
×	Typer Con	15	,,,,ca		_		1	YES 2 NO		
NAN I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH (C	neck only one)		1			
YSIC	1 VES 2 NO 1 Inpettent 2	R/Outpetient 3 DOA 4	OTHER:	e 5 🗆 Residence	6 - Other (S	pecify)				
	27. MANNIN OF DEATH 1. Netural 5 Pending 28a. DATE OF IN (Month, Day,		TY WO	RK?	26d, DESCR	BE HOW INJURY OCC	JRED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF building, et		YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner.							nd manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Voreta.	ca)	29c. LICENSE NU	MBER 1901	29d. DATE	SIGNED (M	onth, Day, Year)		
	AMBACHEN WORK	OF GEATH (ITEM 27) (Type, P	31 M	IARYL.	(NA)	AVE B.	ner	D'red		
	OCT 05 1990 Julia Day	s signatures						21118		

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9		NOFER	Chappelle)	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH		
		s. last birthday)	IF UNDER 1 YEAR		BIRTHPLACE (State or Fore		
	218-60-4597 1XH20F 38	YAS.	MIN.	Month, Day, Year) NEX 52	country) MD.		
æ	9e. FACILITY NAME (If not institution, give street and number)		BO ILL DO CATION OF		TY OF DEATH		
RECTOR	RESIDENCE OF DECEDENT		BAHMORE	, ma			
DIRE	10e. STATE 10b. COUNTY	BA.	town or LOCATION	ile.	10d. INSIDE CITY LIMITS? 1 00 YES 2 N		
	10. STREET AND NUMBER	10.1	10f. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?		
FUNERAL	735 Newington AVe		3/71)	<u> </u>	.5, H		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR DR DATES	ND	If yes, specify Cuben, Mexical Topics of the YES 2 NO Specific NO	can, Puerto Rican, etc.)	14. RACE — American Indian Black, White, atc. Specify: B/AC		
品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of we	ISUAL OCCUPATION ork done during most of working retired.),	16b, KIND OF BUSINESS/INDU	STRY		
PLET	Elementary/Secondary (0-12) College (1-4 or 5+)		ployed				
COMPL	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meldee Sumame)	1/2		
BE	GEORGE I. THOMAS	Tab MARING	Loui	SU CNAPP Il Route Number, City or Town, State, Zio C	elle		
2	Louise Thomas	800	Reservoir 5	+-Ballimore	, Md 212.		
	20a METHOD OF DISPOSITION 20b. PL	ACE OF DISPOSI	TION (Name of cemetery, cremetory o	20c. LOCATION — C	1		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Ng /	22. NAME AND ADDRESS OF	Cem. ICAUTALL	StoWN, N		
	MO-Sin Warn o month CII HALC HARLAND						
	23. PART I. Enter the disease, pr complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest, shock, or heart feliure. List only one cause on each line.						
			elia i	a creatin			
immediate cause (Fine) disease or condition resulting in death) a. Seven necreation Due to (or as a consequence or): The property of the pr							
Z	Sequentielly list conditions, b. Heraros enal Synotrans						
TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	INSEQUENCE OF	inol				
잂	CAUSE (Disease or injury that initiated events	MEEDUENCE OF	0'00/00	22.2.4			
CERI	resulting in deeth) LAST	res	p, satar)	ar rest			
	PART ii. Other algnificent conditions contributing to death but	not resulting l	the underlying cause given	in Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO		
EDICAL	De 16 days a along	- 0	99	1 TYES 200 NO	COMPLETION OF CA		
Σ	& Crown Con	se .			1 TYES 2 NO		
PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 20 ND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO NO 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DEATH (Check only one) 28. DEATH (Check only one) 1 NO NO 27. MANNER OF DEATH 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one) 1 NO NO 28. DEATH (Check only one)							
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatie	_	OTHER: 4 Nursing Home 5 Residence				
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)	28b. TiME INJ		28d. DEŞCRIBE HOW INJURY OCC	URED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)	At home, farm, s		28f. LOCATION (Street end Number (City or Town, State)	or Rural Route Number,		
ETE	4 Homicide detarmined						
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination or						
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	UMBER 29d, DATE	SIGNED (Month, Day, Year)		
O BE CO	H. ARKHWAL		172	5228 D	1072190		

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into event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

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STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENI REG. NO.	90	27269
- h.	CHRIS	TY		2. DATE OF OEATH DAY	90	3. TIME OF DEATH
SEX	6. AGE (In yrs. last birthday) 7(YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	A BIRTI	HPLACE (State or Foreign)
and number)	011		R LOCATION OF OR	ATH	9c. COUNTY OF D	EATH

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- 1			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Country	PLACE (State or Foreign
	212 03 1120	1 🗆 M 2 🗗 🖡	7C YRS.	MONTHS DATS	HOURS WIN.	1-16-1	4 MA	RYLAND
_	9a. FACILITY NAME (If not institution, give stre	et and number)	1		R LOCATION OF OE		9c. COUNTY OF DE	EATH
5	Harbor Jos	14 feil cen	yer	Ba	1 fimor		14.6	**
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION		I	10d. INSIDE CITY
<u> </u>	mp		D	017	0 - 81			LIMITS?
	10e. STREET AND NUMBER			3 F-1 L-101	ZIP CODE		10g. CITIZEN OF W	
FUNERAL	2012 51400	18 (PA)			21718		7()	Α.
<u> ۲</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, atc.)	Spec/	, White, etc.
ğ	3 Wildowed 4 Divorced				9			BTIKE
	15. OECEDENT'S EOUCA (Specify only highest grade of	TION ompleted)	to. DECEDENT'S I	USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY	
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)			^ \	
Z Z	12 YRS.	2 YRS-				1-10-	GOVT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Kanasi			Service of Policies	ME (First, Middle, Meiden	Surname)	- 1/
BE	1 (ICHAL)	レドリリス			SAL		CASS.	DY
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)	
7	FAMILY	COROS	2	4Ms 1	42 HI	ONT		
	204. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remov	ral from State	PLACE OF DISPOS	ITION (Name of cer	netery, crematory or	20c. LO	CATION — City or To	wn, Stela
	4 Donation 6 Other (Specify)	Neer	1 Clu 1	AIH	SOKAT	16	HT10.	1 10.
	All storing of Contract Serving Eloca	Λ λ		EVA	OS CHA	PLL OF	ISMORI	2.1
	LYAND TO	Nama, Ch		880	OO HAR	FORD K	0A0-1	ARKVILL
	23. PART i. Enter the diseases, or cp	mplications that caused	the deeth. Do n	ot anter the mo	da of dying, suc	h ss cardlec or respi	ratory arrest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fine) Onset and Death							
	disease or condition resulting in deeth) a. Pagumania							
	DUE TO (OR AS & COMSEQUENCE OF):							
Z	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
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	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	n:				
Ē	that initisted events resulting in dasth) LAST			,				İ
MEDICAL! CERTIFICATION	d.							
A	PART ii. Other significent conditions	contributing to death b	ut not resulting i		g cause givan in	Part i. 24s, WAS AN PERFOR		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
용	Chronic on	structine	· Cong	derce	asi	f 1 - YES 2	M NO	COMPLETION OF CAUSE OF DEATH?
Ä	Organic 1	grain 84	ndon	-/A/-	2 heime	FL		1 _ YES 2 _ NO
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
PHYSICIA	t YES 2 NO	1) Inpatient 2 ER/Outp		4 - Nursing Hon	ne 6 🗆 Residence	6 ☐ Other (Specify)		
H	27. MANNER OF OEATH 1 Netural 6 Pending	(Month, Day, Year)	28b. TIMI	URY WO	JURY AT DRK?	28d. OEŞCRIBE HOW I	NJURY OCCUREO	
B	1 Natural 6 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec		street, factory, offic	4	261. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
집	CHIEGO ONLY	IAN: To the best of my know	riedga, daath occurre	ed at the time, date	and place, and due	to the cause(a) and ma	nner sa stated.	1
City or Yown, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								s) and menner as stated.
BE C	290. SANKATORE AND TITLE OF CONTINUES.	2	Ann and	2	29c. LICENSE NUI	MBER	29d. DATE SIONED	(Morith, Day Year)
TO B	4710		m-r.		AST 244	11617-10	► 60	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHUSE OF OF	ATH (ITEM 27) (Type,	Print)	U .			
	31. DATE FILED (Month, Day, Year)	Julia Day door	ATTOMACIA DO					
	<u> </u>	Danie Antidoor	- White					
	A	N.						OHMH-16 Rev 1/89

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ifter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detach	loval.	cal examiner must be notified at once.	
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death current is a within 2 strer death. Page 6 may be retained by the hos	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death current is a second within 2 after death. Page 6 may be retained by the hos THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death current is made a within 2 steen death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending the model of the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyppe process in the cremation, or removal.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death current manages within 2 steen death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the model of the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hydre profit in the cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other requirement, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR			ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	90 27270
	1. DECEDENT'S NAME (First, Middle, Last) GENEVIEWE	DORSEY			2. DATE OF DEATH MONTH DAY 10/03/	year 3. TIME OF DEATH 0830 M
3	21. 0 - 7- 40	S. SEX 6. AGE (In yrs	// YRS. FU	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Menth, Day, Year)	BIRTHPLACE (State or Foreign Country)
OR B	90. FACILITY NAME (If not institution, give stree St. Agnes Hospital	t and number)		city, town or Location of Di Baltimore	EATH 9	C. COUNTY OF OEATH
DIRECTOR	100. STATE 10b. COUNTY			WN OR LOCATION timroe		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO
RAL	100. STREET AND NUMBER 412 Seagul Avenue			101. ZIP CODE 21225	1	og. CITIZEN OF WHAT COUNTRY? U.S.A.
BY FUNERAL		2. WAS DECEDENT EVER IN U.S FORCES? 1 _ YES 2 IF YES, GIVE WAR OR DATES	Mo	13. WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexica 1 YES 24-NO Specifi	in, Puerto Rican, atc.)	No- 14. RACE — American Indian, Black, White, atc. Black Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-		Give kind of work of life. Do NOT use retice	lone during most of working ed.)	16b. KIND OF BUSINI	ESS/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) Frank Bee	•			ME (First, Middle, Meiden Sur ran J. Laws	
5	Shirley Porter		196. MAILING ADD 2502 Sy	RESS (Street and Number or Rural Camore Ave.	Balto., Mc	i. 21219
	20a. METHOD OF DISPOSITION 1 № Bina 2 □ Cremation 3 □ Remove 4 □ Donetion 5 □ Other (Specify)	al from State 20b. PLJ othe	ACE OF DISPOSITION or place) Arbutus		Balt	TION — City or Town, State to., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN Lamas A.	smorton f	, 14	1 - 1	ton & Sons I	Funeral Homes, Inc 21217
CERTIFICATION **	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	et only one cause on each	NSEQUENCE OF:	ntar tha mode of dying, suc		Interval Between Onset and Daath
	PART II, Other algnificant conditions	contributing to death but n	of resulting in th	e underluing cause gluen in	Part I, 24s. WAS AN AU	TOPSY 24b, WERE AUTOPSY FINDINGS
MEDICAL		5.5 N , D			PERFORME 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:		OCCERS,		26. PLACE OF DEATH (CI		
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJU	URY OCCURED
TED BY	2 Accident Investigation 28e. PLACE OF INJURY — At hot building, atc. (Specify)					f Number or Rural Route Number,
COMPLETED	(Critical Unity	_		the time, data and place, and du- my opinion, death occured at the		or as stated. due to the couse(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	There		29c. LICENSE NU	MBER 2	Ped. DATE SIGNED (Morith, Day, Year) OLF 3/97
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		HOS15702		
	OCT 05 1990	-32 REGISTRAR'S SIGNATUR Fulia Davidson-1				

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31. DATE FILED (Month), Day, Year)

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TTENDING PHYSICIAN: The law requires that the death cern can be received within 24-mours after death. Page 6 may be retained by the hospital or att	TOR: After this certificate has been signed by the aftending processes after the company of the funeral director, page 5 should be detached for use after death with the State Dept. of Health and Mental Hyperse processes, cremation, or removal.	28 is marked, or Item 23 shows any injury or other paymatic event, the medical examiner must be notified at once.	
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	FOR	TATE OF MADY AND /	DED4 DT44F	NT OF HEALTH AND	MATRICAL ALVOITAGE	00 2	7271
1 -	STATE REGISTRAR	STATE OF MARYLAND /		TE OF DEATH	REG. NO.		
1. 1	MARIE DO	WNELLY			2. DATE OF DEATH MONTH - 2 DAY	990 1	TIME OF DEATH
4.2	IN OF FAILL	SEX B. AGE (In yrs. lest	t birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLAC Country)	CE (State or Foreign
90.	4008 SOUTHERN	AVE	9b. C	SALTIMORE	MD. 90.	COUNTY OF DEATH	more, r.g
	a. STATE 10b. COUNTY		BAL	NOR LOCATION TIMORE	CITY		. INSIDE CITY LINTS? YES 2 NO
FUNERAL 11.	HOOS SOUTHE	PN AVE		21200E	109	CITIZEN OF WHAT	COUNTRY?
. 11	MARITAL STATUS 12 Never Married 2 Married Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. APPROPRIES? 1 YES 2 N IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPAI If yes, specify Cut in, Mexica 1 YES 2 IV NO Specifi	m, Puarto Rican, atc.)	5 14. RACE — Specify:	Ha, atc.
LETED	18. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (Gi	CEDENT'S USUAL five kind of work do Do NOT use retire	ne during most of working	166. KIND OF BUSINES	S/INDUSTRY	
BE COMPLET	FATHER'S NAME (First, Middle, Last) WILLIAM N	CLARK		18. MOTHER'S NA	ME (First, Middle, Meiden Surne	K. KA	HLERT
194	a. INFORMANT'S NAME (Typo/Print)	EORDS 198	SA	ESS (Street and Number or Rural	Route Number, City or Town, Sta ABOVE	te, Zip Çode)	
11	Buriel 2 Cremation 3 Ramoval Donation 5 Other (Specify)	from State 20b. PLACE	OF DISPOSITION	(Name of cometery, crematory or M LUTH, CH	L CEM BA	ON - City or Town, S	ITY, MD.
21.	SIGNATURE OF FUNERAL SERVICE LICENS	f. Ja	iz	22. NAME AND ADDRESS OF FA	HAPPEL C	FME	mores
	shipck, or heart fathere. List	plications that caused the de only one cause on each line	ath. Do not en	iter the mode of dying, aud	ch as cardiac or respirato	ry arrest,	Approximate interval Between Onset and Death
di	MMEDIATE CAUSE (Final Isease or condition as a	Sudde	9	death			miw.
FICATI	equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	DUE TO FOR AS A CONSECUTION AS A CONSECU	OUENCE OF:	rend	Clisas	Z	2 years 1 years
. 11 0	ART II. Other algolificant conditions of	ontributing to death but not r	reaulting in the	underlying ceuse given in	Pert i. 24s. WAS AN AUTO PERFORMED	? AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO
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HASICIAN:		OSPITAL:		26. PLACE OF DEATH (CA			
_ 11	7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED	
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, office	28f. LOCATION (Street and A City or Town, State)	lumber or Rural Route	Number,
COMPLETED	and and	N: To the best of my knowledge, de On the besis of examination and/or					d manner as stated.
	bb. SIGNATURE WHO TITLE OF DEPTH FER	lees(men)	201	29c. LICENSE NU	MBER 294	1. DATE SIGNED (Mo	net), Day, Year) — 90
30	DR STEVE	SCHULMI	4N 27) (Type Print)	FRANCIS	50011	KEY M	16D, CB

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Property Executed Secretary All Allenders

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within 2-murs after death. Page 6 may be retained by the hospital or attending physician. pietely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. latic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the blear TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of fled within 72 hours after death with the State Dept. of Health and Nighta IMPORTIANT; If Item 28 is marked, or Item 23 shows any Injety, DIVISION OF VITAL RECORDS,

Debelius Debelius		FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AF	ND MENTAL HYGIEN	-	0 27272
A SOCIAL		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AV VE	
Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox) Secretary name (if not instruction, plus series and namebox (if not instruction) Secretary name (if not i		Zachary	A .	Debel:	ius			
Secondary of personal secondary and secondary secondary secondary of personal secondary and secondary seco		4. SOCIAL SECURITY NUMBER	1000000	MON	THE DAVE MOURE M	40 for the Control of the col	6.1	SIRTHPLACE (State or Foreign Country)
PROBLEM SUPERIOR HOSPITAL BALTINOTE - ROS DAN GATT, TORK OR LOCATION THE MINISTER THROW HOMBER TO A 20' COOK THE MINISTER THROW HOMBER TO A 20' COOK THE MINISTER THROW HOMBER TO A 20' COOK THE MINISTER THROW HOMBER TO A 20' COOK THE MINISTER THROW HOMBER				YRS. 5		APRILA		PARYLAND
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4 Homicide During, stc. (Specify) 29a. CERTIFIER (Check only one) CERTIFIVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND APPLIES OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) Tank J. Peretti, M.D. 111 Penn St., Balto., Md. 21201		A C ALCOHOLIN	28e. PLACE OF INJUR	Y — At home, farm, stree		281. LOCATION (Stree		Rural Route Number,
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	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		ENTAL HYGIEN	E (30 27273
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	HOWARD	D.	EVER	LEY, SR.		10 3	90	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	8. 9	BIRTHPLACE (State or Foreign Country)
	213-28-0290	1 M 2 □ F	_ 59 YRS.			(Month, Pay, Year) 11/22/30		Maryland
ac.	9a. FACILITY NAME (If not institution, give:				r Location of DEA Ltimore C		9c. COUNTY	
DIRECTOR	1422 MCHenry S	rreer		Dal	cinore c	ııy		N/A
2	10a. STATE 10b. COUNT			ry, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Md. N	I/A	E	altimore	ZIP CODE		45- OITITEN	1 X YES 2 NO
FUNERAL	1422 McHenry St.			101.	21223		10g. CITIZEN	27.00
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13. WAS DEC		ORIGIN? (Specify Yea	or No— 14.	USA RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 XXYES IF YES, GIVE WAR OR D.	2 NO		city Cuban, Maxican, 2 NO Specify:	Puarto Rican, atc.)		Black, White, etc. Specify:
D BY	3 Widowed 4 Olvorced	Korean			170			white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	le completed)	(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during moves use retired.)	in it of working	16b. KIND OF BUS	BINESS/INDUST	RY
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ca	rpenter		Cons	tructi	on
COM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
111 m	Frank Everley				Leona	Howard		
TO BE	19e. INFORMANT'B NAME (Type/Print)					ute Number, City or Tow		
9	Nellie E. Everle	Y		MCHENTY		imore, Md		or Town, Stata
must	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata	other place)			etery Cr		
ner	21. BIGNATURE OF FINERAL BERVICE L	ICENSEE /	02001101	22. NAME AN	ID ADDRESS OF FACI	LITY		
examiner	1 / Jan	L. Kouf	mem			an Funera , Elkride		
aric event, the medical of	23. PART I. Enter the disease, or	complications that cause	d the death. Do					, Approximats
, or me	shock, or heart fallure. IMMEDIATE CAUSE (Finel	. List Dnly one cause on e	ech line.					Onset end Desth
i, cremation, event, the	disease or condition resulting in deeth)	. Arterioscl			scular Di	sease		
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TON	Sequentielly list conditions, if sny, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE (OF):				
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
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Marts History province Industrial Land Community of Commu		d						<u> </u>
A P	PART II. Other significant condition				cause given in P	Part I. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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rich the State Dept. red, or litem 23 s PHYSICIAN:	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	e 5 X Rasidenca 6			
d, or	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF 26c. INJ		26d. DESCRIBE HOW	NJURY OCCUR	NED
marke BY F	Natural 5 Pending 2 Accident Investigation				rES 2 □ NO			
S is I	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, stc. (Spe	f — Al home, farm. clfy)	street, factory, offic	•	28f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
em 2	200 CERTIFIER							
filed within 72 hours after death with the State Dept. of Health IPORTANT. If Item 28 is marked, or Item 23 shows an IBE COMPLETED BY PHYSICIAN: MEDIO	(Check only	SICIAN: To the best of my know VER: On the besis of examination						
MPORTANT: D BE CON	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUMI			IGNED (Month, Day, Year)
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2 = 2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)	0011			
	Donald G. Wrigh	t, M.D., Depu	ity Chie	f 111 1	PennStree	t, Baltim	ore, M	D 21201 vl
	31. DATE FILED (Month, Day, Year)	32 REGISTRAS'S SIGN	A Pandal					

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. 804 STAND BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dress of the contract of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of the property filled in by the funeral director, page 5 should be detached to the property of removed	be filled within 12 mous and used with the state boys. Of regard and the state of t

	1 - FOR STATE REGISTRAR Ch	oy Fun	STATE OF N	MARYLAI	CERTIF					MENIA	AL HYGIE REG. N	-	0	27274
	1. DECEDENT'S NAME (First		-					· · · · · · · · · · · · · · · · · · ·		2. DAT	E OF DEATH	DAY 1 .	YEAR	3. TIME OF DEATH
	(ho	y Fung	Eng								1 24	190	0	4:46 P M
	4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRT Coun	THPLACE (State or Foreign ntry)
	577-68-2568	}	1 M 2V F	8	}4 YRS.	MONTHS	DATE	HOURS	Milita.		.16,19	05		Shan, China
_	9a. FACILITY NAME (If not in								ION OF DE	ATH			JNTY OF	
5	Holy Cross		tal			Sil	ver	Spr.	ing			Moi	ntgo	mery
ច្ឆ	RESIDENCE OF DEC	10b. COUNTY	1		10c. CI	ry, town o	R LOCAT	ION						10d. INSIDE CITY
<u>ا ج</u>	Maryland	Monto	gomery		Wh	eaton								LIMITS7 1 NO PES 2 NO
ا بِ	10s. STREET AND NUMBER						101	. ZIP COD	DE			10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	4072-Adams	Drive						2090	2			Chi	na	
3	11. MARITAL STATUS		12. WAS DECEDEN								IN? (Specify Y	es or No-	14. RAC	CE — American Indian, ck, White, atc.
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V		≱∰NO ES				Specif		Rican, atc.)		Spe	icity:
				T.		1								ental
	(Specify on	EDENT'S EDU	completed)		(Give kind of	work done o			ing	10	b. KIND OF B	USINESS/IN	DUSTRY	
2	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	House	wife					at	home		
COMPLETED	17. FATHER'S NAME (First, N	fiddle, Lest)						18. MO	THER'S NA	ME (First	, Middle, Maide			
Ö	Unknown I	im						Ts	ni l	Ena				
00	19a. INFORMANT'S NAME (**		19b. MAILIN	G ADDRESS	(Street				mber, City or R	wn, State, Z	ip Code)	
2	Chuk P.Eng	(GRa	andson		4088-	Adams	Co	urt,	Whear	ton,	Mary!	land :	2090	2
	20a. METHOD OF DISPOSIT	TION	ovel from State		PLACE OF DISPO									Town, State
	4 Donation 5 Other	r (Specify)		Gá	ate of									ng,MD
	21, SIGNATURE OF FUNERA	AL SERVICE LIC	SENSEE D	1		J.	WII	liam	ESS OF FA	S S	ons Co	mpan	y Fu	neral Home
	Charl	lew o	L. De	lan	ger	30	0-4	th S	t.,N	E,Wa	shing	on,D	C 20	002-5816
	23. PART I. Enter the d		complications the	t caused	he death Do	not enter	.1				A1 -			
		sport fallure				not amai	tne mo	de of d	ying, suc	h as ca	rdiac or rea	piratory e	rrest,	Approximate
	IMMEDIATE CAUSE (FI	nal	List only one car	use on eac	ch lina.		tne mo	ode of d	ying, suc	h as ca	rdiac or rea	piratory e	rrest,	Interval Between Onset and Death
		nal	List only one car	use on eac	ch lina.		tne mo	ode of d	ying, suc	ch as ca	rdiac or rea	piratory e	rrest,	Interval Between
1	IMMEDIATE CAUSE (Fi	nel -	e. Out	USE ON ERC - - - - - - (OR AS A C	CONSEQUENCE	-J.s	_							Interval Between Onset and Death 9/20/90
ON"	IMMEDIATE CAUSE (Fi	nel -	e. Out	USE ON ERC - - - - - - - - - - - - - - - - - - -	CONSEQUENCE	-J.s	_							Interval Between Onset and Death
ATION"	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nel -	e. Out	USE ON ERC - - - - - - - - - - - - - - - - - - -	CONSEQUENCE	-J.s	_							Interval Between Onset and Death 9/20/90 9/20/90
FICATION !	IMMEDIATE CAUSE (Fidesese or condition resulting in death) Sequentielly list condition, list any, leading to immercause. Enter UNDERLY CAUSE (Disease or injection)	nel -	List only one car	USE ON ERC - - - - - - - - - - - - - - - - - - -	CONSEQUENCE	-J.s	_							Interval Between Onset and Death G / 20/40 G / 20/40
RTIFICATION"	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause, Enter UNDERLY	tions, edieta	e. Out	O (OR AS A CO) (OR AS A CO) (OR AS A CO)	CONSEQUENCE	-J.s	_							Interval Between Onset and Death 9/20/90 9/20/90
	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit from the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	nel	DUE TO DUE TO OUE TO A A A A A A A A A A A A A A A A A A A	O (OR AS A CO) (OR AS A CO) (OR AS A CO)	CONSEQUENCE	John OFFI:	dice	·	م مد	nete	estele	to liv	er	Interval Between Onset and Death 9/20/40
-	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other eignific	tions, delete line line line line line line line lin	DUE TO DUE TO DUE TO DUE TO A DUE TO OUE TO DUE TO	O (OR AS A CO) OR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE T not resulting	John OFFI:	dice	·	م مد	nete	24a. WAS / PERF	AN AUTOPSIONMED?	er	Interval Between Onset and Death G 20/40 G/20/40 G/20/40 G/20/40 G/20/40 G/20/40 AMAILABLE PRIOR TO
-	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other eignific	tions, delete line line line line line line line lin	DUE TO DUE TO OUE TO A A A A A A A A A A A A A A A A A A A	O (OR AS A CO) OR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE T not resulting	John OFFI:	dice	·	م مد	nete	estate 240. WAS	AN AUTOPSIONMED?	er	Interval Between Onset and Death G 20/90 9/20/90 9/20/90 9/20/90 4/20/90 4/20/90 4/20/90 4/20/90 6/20/9
: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other eignific	tions, delete line line line line line line line lin	DUE TO DUE TO DUE TO DUE TO A DUE TO OUE TO DUE TO	O (OR AS A CO) OR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE T not resulting	John OFFI:	dice	·	م مد	nete	24a. WAS / PERF	AN AUTOPSIONMED?	er	Interval Between Onset and Death 9/20/90 9/20/90 9/20/90 9/20/90 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
-	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other eignifications of the condition of	tions, edieta ling ury ST	DUE TO DUE TO DUE TO DUE TO A DUE TO OUE TO DUE TO	O (OR AS A CO) OR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE T not resulting	John OFFI:	di (é	g cause	م مد	Part I.	24a. WAS PERF 1 - YES	AN AUTOPSIONMED?	er	Interval Between Onset and Death G 20/90 9/20/90 9/20/90 9/20/90 4/20/90 4/20/90 4/20/90 4/20/90 6/20/9
-	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other eignifications of the conditions	tions, edieta ling ury ST	DUE TO DUE TO DUE TO DUE TO A DUE TO OUE TO DUE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	CONSEQUENCE CONSEQUENCE Toonsequence t not resulting	DEPI TO THE I	di (e	g cause	given in	Part I.	24a. WAS / PERF 1 U YES	AN AUTOPSIONMED?	er	Interval Between Onset and Death G 20/90 9/20/90 9/20/90 9/20/90 4/20/90 4/20/90 4/20/90 4/20/90 6/20/9
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other eignification of the condition of	tions, edieta ling ury ST	DUE TO DU	Use on each	CONSEQUENCE Tonsequence t not resulting 1.1 tient 3 □ DOA	OTHER	di (é	g cause	given in	Part I.	24a. WAS / PERF 1 U YES	AN AUTOPSY ORMED? 2 Mo	1 24	Interval Between Onset and Death G 20/90 9/20/90 9/20/90 9/20/90 4/20/90 4/20/90 4/20/90 4/20/90 6/20/9
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidseese or condition resulting in death) Sequentielly list condition and it any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LAS PART II. Other eignification of the condition of the	Rions, soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find uny soliste Find units fi	E. DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO OUE T	USE ON CREATE OF	CONSEQUENCE Toonsequence t not resulting J. J. Henrit 3 DOA 28b. T.	OTHER	26. Planting Hora	g cause	given in	Part I.	24a. WAS / PERF 1 PES YES	IN AUTOPSY ORMED? 2 DOO V INJURY O	CCURED	Interval Between Onset and Death G 20/90 9/20/90 9/20/90 9/20/90 4/20/90 4/20/90 4/20/90 4/20/90 6/20/9
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART III. Other eignific. PART II. Other eignific.	tions, odieta ing investigation	E. DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO OUE T	USE ON GROWN	CONSEQUENCE Toonsequence t not resulting J. J. Henrit 3 DOA 28b. T.	OTHER	26. Planting Hora	g cause	given in	Part I.	24a. WAS / PERF 1 U YES one) her (Specify) ESCRIBE HOV	IN AUTOPSY ORMED? 2 DOO V INJURY O	CCURED	Interval Between Onset and Death G 20/40 9/20/40 9/20/40 9/20/40 4/20/40 6/20/40 6/20/40 6/20/40 6/20/40 10
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting to imme cause. Enter UNDERLY CAUSE (Disease or injithet initiated events resulting in death) LAS PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. PART II. Other eignific. 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER 1 CERTIFIER (Check only 1 CERTIFIER)	tions, solieta Find fury ent condition TO MEDICAL Pending investigation Could not be detarmined	E. DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO DUE TO DUE TO OUE TO C. OUE TO DUE TO OUE T	Use on each	there is a DOA 28b. Till	OTHER AUNT M. street, fact	26. P	LACE OF DIRY? YES 2	given in DEATH (C) Residence	Part I.	24a. WAS / PERF 1 WES One) Describe Hove Control (Streetly) or Town, State 1 was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second control (Streetly or Town) was a second con	NA AUTOPSY ORMED? 2 DAO V INJURY O	CCURED COURED	Interval Between Onset and Death G 20/40 9/20/40 9/20/40 9/20/40 4/20/40 6/20/40 6/20/40 6/20/40 6/20/40 10
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentielly list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other eignification of the condition of the cause of	tions, solieta Find fury ent condition TO MEDICAL Pending investigation Could not be detarmined	e. DUE TO b. DUE TO c. OUE TO d. AJ C BE contributing to Three b HOSPITAL: 1 Pinpettent 2 28e. DATE O (Month), N II 28e. PLACE building	O (OR AS A CO) O (OR	tont 3 DOA 28b. Ti	OTHER AUNT	28. Phonory, office time, date	g cause LACE OF The 5 I I JURY AT DRK? YES 2	given in DEATH (C) Residence NO	Part I. B Ot 28d. D 28t. LC	24a. WAS / PERF 1 YES one) her (Specify) ESCRIBE HOV DCATION (Street your Town, State ause(s) and to	AN AUTOPSY ORMED? 2 1000 Y INJURY O	CCURED cor or Aura	Interval Between Onset and Death G 20/40 9/20/40 9/20/40 9/20/40 4/20/40 6/20/40 6/20/40 6/20/40 6/20/40 10
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidseese or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in list condition resulting in death) PART II. Other eignification resulting in death) PART II. Other eignification resulting in death) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEC	Rions, solicate Find Find Find Find Find Find Find Find	e. DUE TO b. DUE TO c. OUE TO d. AJ (The contributing to The best of the basis of	O (OR AS A CO) O (OR	tont 3 DOA 28b. Ti	OTHER AUNT	28. Phonory, office time, date	g cause LACE OF no 5 1 JURY AT DRK? YES 2 ce	given in DEATH (C) Residence NO	Part I. Peck only 8 Or 28d. D	24a. WAS / PERF 1 YES one) her (Specify) ESCRIBE HOV DCATION (Street your Town, State ause(s) and to	N AUTOPS) ORMED? 2 NO V INJURY O of and Numble)	CCURED ter or Aura	Interval Between Onset and Death G 20/90 G/20/90 G/20/90 4/20/90 G/20/90 4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidesese or condition resulting in death) Sequentielly list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LAS PART II. Other eignification of the cause of the ca	ent condition For MEDICAL Pending Investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	e. DUE TO b. DUE TO c. OUE TO d. AJ (Is contributing to Three b HOSPITAL: 1 Pinpetien: 28a. DATE O (Month). N II 28a. PLACE: building ICIAN: To the best of the	O (OR AS A CO) O (OR	the tot resulting the total and/or investige	OTHER OTHER A Nur ME OF JURY M street, fact rred at the t	28. P	g cause LACE OF The 5 I I JURY AT DRIV? YES 2 The control of the control of	given in DEATH (C/ Residence NO NO Co, and dur ured at the	Part I. Peck only 8 Ot 281. L(C) a to the continue, do	24a. WAS / PERF 1 PES YES One) ther (Specify) ESCRIBE HOV DOCATION (Street of Fown, State and place, and place	AN AUTOPSIONMED? 2 INO VINJURY O	CCURED ter or Aura	Interval Between Onset and Death G 20/90 G/20/90 G/20/90 G/20/90 G/20/90 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidseese or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in list condition resulting in death) PART II. Other eignification resulting in death) PART II. Other eignification resulting in death) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEC	ro MEDICAL Pending Investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE FOR PERSON WHO STATES TO MEDICAL Pending Investigation Could not be detarmined FOR PERSON WHO STATES TO MEDICAL TO MEDICAL Pending Investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE FOR PERSON WHO STATES TO MEDICAL TO MEDICAL	DUE TO DU	O (OR AS A CO) O (OR	the tot resulting the total and/or investige	OTHER A DIVINION ME OF LIVERY M. street, fact	28. P	g cause LACE OF The 5 I I JURY AT DRIV? YES 2 The control of the control of	given in DEATH (C/ Residence NO NO Co, and dur ured at the	Part I. Peck only 8 Ot 281. L(C) a to the continue, do	24a. WAS / PERF 1 PES YES One) ther (Specify) ESCRIBE HOV DOCATION (Street of Fown, State and place, and place	AN AUTOPSIONMED? 2 INO VINJURY O	CCURED ter or Aura	Interval Between Onset and Death G 20/90 G/20/90 G/20/90 4/20/90 G/20/90 4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO

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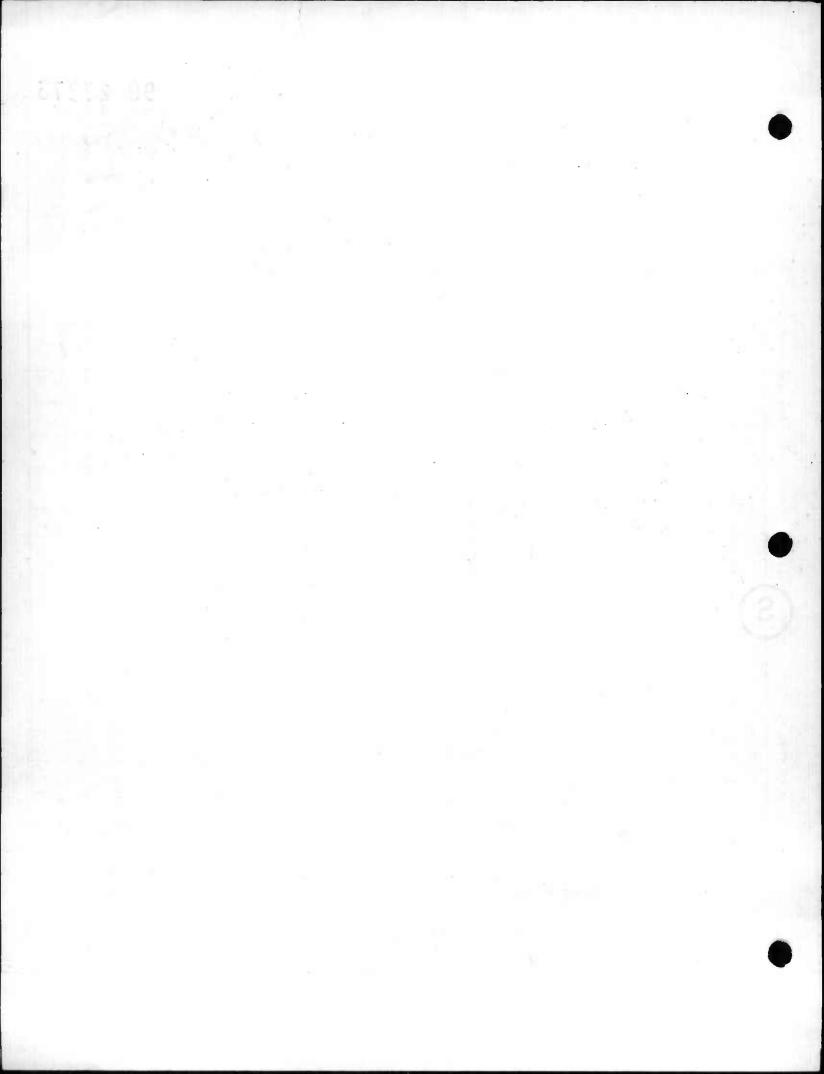
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THE DAY TENED

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH		ENTAL HYGIEN		0 27275
	1. DECEDENT'S NAME (First, Middle, Last)	RIDGE	(DORA F				2. DATE OF DEATH	7799	DEAR S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5		In yrs. lest birthday) 9 \$\text{\$\psi\$ YRS.}	IF UNDER 1 Y	_	24 HRS.	7 DATE OF BIRTH	1545	BIRTHPLACE (State or Foreign Country)
R	9a. FACILITY NAME (If not institution, give street	t and number)	/	0	T, MO		THE	9c. COUNTY	PENNSYT VANTA Y OF DEATH
6	RESIDENCE OF DECEDENT)			
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR I	nocation nort		MD		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER	rest Av			101. ZIP CODI	E /	0		N OF WHAT COUNTRY?
JNE.	0 0						ORIGIN? (Specify W	U5	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If ye	yes 2 K NO	n, Maxican,	Puarto Rican, etc.)		t. RACE — American Indian, Black, White, atc. Specify: What —
G	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEOENT'S	work done duri	JPATION ng most of working	na	16b. KIND OF BU	ISINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.) SEWIFE			1	AT HOME	S
CON	17. FATHER'S NAME (First, Middle, Lest) JACOB BLOCK				11000		E (First, Middle, Maide (UNKNOWN)	1111	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (S	treet and Number	r or Rurel Ro	ute Number, City or To	wn, State, Zip Co	ode)
5	MRS. MILDRED BOCK		600	6 WOOD	CREST A	AVE.	BALTIMOR	RE,MD	21209
	20a. METHOD OF DISPOSITION 1 General Control Supermove 4 Donation 8 Other (Specify)	of from State	PLACE OF DISPO	SITION (Name RON	of cometery, crem	netory or			FIELD, PA
	21. SIGNATURE OF FUNERAL SERVICE LOSS	P		22. NA	ME AND ADDRE		NSON & BF	ROS., I	INC.
	23. PART I. Enter the disesses, or con	nolications that coused	the death. Do	not enter th	10 REIS	ing. such	TOWN RD	BALTC	ot, MD 21215 Approximate
	shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Pullimo	ach line.		,			,	interval Between Onset and Death
N		Stroke	CONSEQUENCE	00Va	scul	an o	ccider	At)	
CATIO	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE	PF):					
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	NF):					
	PART II. Other significant conditions	contributing to death b	ut net resulting	In the unde	orlying cause	given in P	Part i. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
ICAL	Atherosclerotic	Cormary	Vascu	las	Disei	ase	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI	Athorosclerotic Degenerative	Joint Di	sease				_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF E	DEATH (Chec	ck only one)		
Sic		HOSPITAL:	ontient 3 🗆 DOA	OTHER:	g Home 8 □ R	esidence S	Other (Specify)		30
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28	Bc. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCU	RED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,				281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
PLET	29a. CERTIFIER 1 Check only	AN: To the best of my know	rledge, death occur	red at the time	, data and place	, and due t	o the cause(a) and m	enner as stated	ı.
COMPL	one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigati	on, in my opir	don, death occu	ared at the t	lme, data and place,	and due to the	cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	J. Gal	lo MS			D31	479	29d. DATE	10 - 2 - 90
5	30. NAME AND ADDRESS OF PERSON WHO								
	31. DATE FILED (Month, Day, Year)	31 REGISTARIS SIGN	ATURA NO DE						
	OCT 05 1990	Janus Pras (400)							Pullate an Ro-
	11 m11 P 1001								DHMH-18 Rev 1/80



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DIVISION OF VITAL RECORDS, P. U.B.A.	5	ter	ath	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death germiners	2	be filed within 72 hours after death with the State Dept. of Health and Mental Property and	consequences in the complete or the contract of the contract o

	1. DECEDENT'S NAME (First, Middle,	Fugle!	iyian	C. Fu	ıgler		2. DATE O	OF DEATH I		-90 3. YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 160-28-773	5.9EX 1 M 2 X) F	5	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE C (Month)	F BIRTH Day, Year)	4	Country)	NCE (State or Foreign
20	96. FACILITY NAME (If not institution, DEATON HOSPITO RESIDENCE OF DECEDEN		Al CE	ENTER	96. CITY, TOWN	OR LOCATION OF	DEATH)	- 49	H OF DEAT	
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	17. FATHER'S NAME (First, Middle, Las	t)		Stat.	<u>isticia</u>	16. MOTHER'S		liddle, Malden			
	Robert R. Ca: 190. INFORMANT'S NAME (Type/Print) George C. Fu					and Number or Run		er, City or Town	n, State, Zip		n
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 8 Other (Specify)			PLACE OF DISPO	SITION (Name of c	emetery, cremetory of ry, In	1	20c, LO	CATION — C	City or Town,	State
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HOSPITAL OR ATTER	FUNERAL DIRECTOR within 72 hours after	TANT: If item 28	
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	FOR	STATE OF MARYLA	ND / DEPARTM	IENT OF H	EAITH AND ME	NTAL HYCIEI	we C	0.0	27277
	1 - STATE REGISTRAR	OTATE OF MARITEA	CERTIFIC			REG. NO		U	21211
	1. DECEDENT'S NAME (FIRST, MIDDIO, LOSI) SARAH	FINE				DATE OF DEATH MONTH OTOBER		990 3.	7:00 A
	4. SOCIAL SECURITY NUMBER 213-34-3061	5. SEX 8. AGE (In)		UNDER 1 YEAR	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) U.E.U.S.T.).	- 1600	Countrylo	CE (State or Foreign
OR	Se. FACILITY NAME (If not institution, give st. LEVINSYAVE HEBREW)	TERIATRIC HO	1758 & 90 SPITAZ	Balli	R LOCATION OF DEATH	The same of the sa		Y OF DEATH	1
DIRECTOR	100. STATE 10b. COUNTY			own on LOCAT				100	1. INSIDE CITY LIMITS?
	TAL STREET AND MUNICIPAL	Λ			ZIP CODE		10g. CITIZE		COUNTRY?
FUNERAL	2500 W. Belveden	e Aur.			21215		U:	S	
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COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etred.)		A.	T HOME		
BE CO	17. FATHER'S NAME (First, Middle, Lest) ANSHELL FLEIS	CHER			18. MOTHER'S NAME (n Sumame) VKNOWN		
TO B	190. INFORMANT'S NAME (Typo/Print) MRS. BESS HOLZ	MAN			OOK LANE	Number, City or To		2120	08
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remote 4 Denation 5 Other (Specify)	wel from State K	PLACE OF DISPOSITION IN CONTROL OF DISPOSITI	SRAEL I	netery, cremetory or ANSHE KOLK	20c. L	ocation — ce B AL I	ty or Town, CIMOR	
	21. SIGNATURE OF COMERNAL SERVICE LIC	Lunin	,		LEVINSON & REISTERS			Ю.,МI	D 21215
	23. PART I. Enter the deceses, or o shock, o heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	PNEUN	ch line.	entar tha mo	da of dying, auch e	s cerdiec or ree	piratory arres	st,	Approximate Interval Between Onset and Deati
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):						
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	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	F 28c. INJ		d. DESCRIBE HOW	INJURY OCCU	IRED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		et, factory, offic	e 28	of LOCATION (Street City or Town, State		r Rural Route	» Number,
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	CIAN: To the best of my knowle R: On the besie of examination				-3-11-2			ed menner ea stated.
BE CC	296 SIGNATURE AND TITLE OF CERTIFIER	1 0 7/	504	7	29c. LICENSE NUMBE	H	29d. DATE	SIGNED (M	onth, Day, Year)

296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) elita

OCT 05 1990 32 REGISTRAR'S SIGNATURE

Gulia Davidson-Randelle

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DIVISION OF VITAL RECORDS, P.O. BOX 13/46, BALTIMORE, MARYLAND 21203-3146	On ATTENDIA'D DIVICIONAL The Insurance the

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rement within 24-nours after death. Page 6 may be retained by the hospital or attending physician.

Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be accomplished, cremation, or removal. matte event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires the time death of Inc. TO THE FUNERAL ORECTOR, After this certificate has been signed by the attendance of field within 72 hours after death with the State Dept. of Health an Merall Hyperesisten imPORTANT; If Item 28 is marked, or Item 23 shows any Injury or other trans

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BEGISTBAR'S SIGNATURE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E 90	27278
1. DECEDENT'S NAME (First, Middle, Last)		Fino.		2. DATE OF DEATH	7 1995	3. TIME OF DEATH
212-30-3256	6. SEX 6. AGE (in yrs. le	YRS. MONTHS	N 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		909	MARYLAND
9a. FACULTY NAME (If not institution, give stre	Nursing Itan	Ne 96. CIT	Reistarst	DWIU	be county	HIMORO.
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	11			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER (318 GROUPS) 11. MARITAL STATUS 1. Nover Married 2 Married		# 308	2120	9	10g. CITIZEN	SA
3 Widowed 4 Divorced	12. WAS DECEMENT EVER IN U.S. A FORCES? 1 TYPES 2 THE YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specific
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last).	ompleted) ((e. Do NOT use retired.)	during most of working	16b, KIND OF BU	SINESS/INDUST	m NQ
JIMON VII	ne			AME (First, Middle Maiden	Sumeme) RUITZ	
19a. INFORMANT'S NAME (Type/Print) MRS. EUNICE FRIEDI		GRISTMI	S (Street and Number or Rural LL CT., APT.	305 BALT		2120 8
20s. METHOD OF DISPOSITION 1 Seriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rel from State 20b. PLACE	of DISPOSITION (A	Nemo cometery, cremetory of	ark Ro	andal	Stown, State
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE SUUM	son	CNAME AND ADDRESS OF F	SOM & B(E)	RAP	c pins
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI					
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 NO 27. MANNER OF DEATH			26. PLACE OF DEATH (C	Check only one)		1 TES 2 NO
	HOSPITAL: 1 Inpetiant 2 ER/Outpatient 26a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	18c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation	28e. PLACE OF INJURY — At It building, etc. (Specify)	M nome, farm, street, fa	1 YES 2 NO	281. LOCATION (Street City or Town, State		iural Route Number,
- (AN: To the best of my knowledge, of the basis of examination and/or					nuse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	The	m	29c. LICENSE NO.			GNED (Month, Day, Year)

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NOING PHYSICIAN: The law requires that the death certicals be escaled	3. After this certificate has been signed by the amending process, con-	ir death with the State Dept. of Heath and Mental Highers prior to burish, o	Is marked, or item 23 shows any injury, or other traumatic ev
TENDING PHYSICIAN: The law requires that the death certicals be escaled	OR; After this certificate has been signed by the amending processed com-	ifter death with the State Dept. of Heath and Mental Highers prior to burish, o	28 Is marked, or Item 23 shows any Injury, or other traumuble ev
ATTENDING PHYSICIAN: The law requires that the death certicular be escaled	ECTOR; After this certificate has been signed by the amending processors com-	s after death with the State Dept. of Heath and Mental Highers prior to burish, o	1.28 is marked, or item 23 shows any injury, or other traumulic ev
L OR ATTENDING PHYSICIAN: The law mounts and the hospital or attending pl	DIRECTOR: After this certificate has been regime by the minimum of the completely filled in by the funeral director, page 5 should be detached for use as the by	hours after death with the State Dept. of Heart and Mental Higher prior to hund, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or time traumatic reent, the medical examiner must be notified at once.

HOSPITAL FUNERAL I WITHIN 72 F TO THE HOSPITA
TO THE FUNERAL
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IMPORTANT: If

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FREO (Month, Day, Year)
0 CT 0 5 1990

Ginsberg.

Jerome H.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Rena Lory 10 6. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign JE UNDER 1 YEAR JE LINDER 24 HRS. 7. DATE OF BIRTH 11/13/1907 HOURS 1 M 2 MF MARYLAND 82 YRS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RANDALLSTOWN RESIDENCE OF 10c. CITY, TOWN OR LOCATION
CATONSVILLE 10a. STATE 10b. COUNTY 10d. INSIDE CITY BALTIMORE MARYLAND 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 25 NORTH STEAD CT. 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Mexican, Puarto Rican, atc.)

1
YES NO Specify: 14. RACE — American Indian, Black, White, atc. 2 XNO 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES Specify: WHITE 3 Widowed 4 Divorced BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) SALES RETAIL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)
ANNA UNKNOWN DAVID HOFFMAN 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code), 25 N. STEAD CT. CATONSVILLE, MD 21228 2 MRS. DAVIDA JADLOS 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata 20s. METHOD OF DISPOSITION

1 Description | Description | Removal from State

4 Donation | 5 Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Descrip BALTIMORE, MD MIKRO KODESH-BETH ISRAEL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. uns 6010 REISTERSTOWN RD. 21215 BALTO., MD 23. PARTY Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL 24a. WAS AN AUTOPSY COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4

Nursing Home 5 □ Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 X Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide detarmined 29a. CERTIFIER
1XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

D20964

M. D.: 8630 Liberty Plaza Mall: Randallstown.

uns M. D.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

30 REGISTHAR'S SIGNATURE Julia Davidson-Mandall

OHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

10-2-90

CTSTS DB

Pages 1, 2, 3 should

permit.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within expects after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SEP 26

FOR STATE REGISTRAR 90 27280 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DONALD PAUL HEIMBACH 8 990 2:20 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURE 202-24-0887 1 M 2 - F YRS. OCTOBER15, 1931 CALIFORNIA 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATN 9c. COUNTY OF DEATH DIRECTOR Route 7 & Silver Spring Rd. - Quarry Baltimore County RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 🗌 YES 2 🔀 NO 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 8305 ANALEE AVENUE 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES GIVE WAR OR DATES KORLAN 11, MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 ☐ YES XX NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 16 ELECTRICAL ENGINEER APPLIED PHYSICS LABORTORY 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) WARREN PAUL HEIMBACH ERLINE MAE BORTZ BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOAN G HEIMBACH 8305 ANALEE AVENUE BALTIMORE 21237 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State □ Donation 5 □ Other (Specify) ... PARKWOOD CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AOORESS OF FACILITY LASSAHN FUNERAL HOME 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each lina. interval Between Onset and Death **IMMEDIATE CAUSE (Final** dleasse or condition___ Probable Mixed Drug Overdose resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate QUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE Bipolar Affective Disorder 1XXYES 2 □ NO OF DEATH? 1XX YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8.2 Other (Specify) In auto Found 8/21 901 \square yes 2 \boxtimes No 27. MANNER OF DEATH 26a, DATE OF INJURY 28d, OEŞCRIBE HOW INJURY OCCUREO 1 Neturel 5 Pending Subject ingested drugs UNKN. BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Toynn, State)
Philadelphia & Ebenezer Rd. 3 X Suicide 28e. PLACE OF INJURY - At home, ferm, street, factory, office 6 Could not be determined COMPLETED in auto parked at 4 Nomicide Baltimore Co., ld. 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 8-22-90 OCME 2 Donald G. Wright, M.D., Deputy Chief 111 Penn Street, Baltimore, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson Randale

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) 007 1 '90

92. REGISTRAR'S SIGNATURE

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10-4-90	CM				

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10-4-90	Cm			

FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E 90	1-	27281
DECEDENT'S NAME (First, Middle, Last) Ed	ward	Lerc	Ŋ	На	rrison	2. DATE	8-27-9	00	EAR	8:03AM M
4. SOCIAL SECURITY NUMBER 216–60–8924	5. SEX 6	AGE (In yrs. las	t birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. HOURA MIN.	7. DATE	OF BIRTH	8.	Country)	ACE (State or Foreign
9a. FACILITY NAME (It not institution, give s Holy Cross Hospi			96		or Location of D			9c. COUNTY	OF DEA	
10a. STATE 10b. COUNTY			10c. CITY, TO	OWH OR LOC	ATION				1	od. INSIDE CITY LIMITS?
Maryland Frede 100. STREET AND NUMBER	rick	-	Wood	sboro	of. ZIP CODE	-		10g. CITIZE		YES 2 NO AT COUNTRY?
108 Creagerstow					21798	~			.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAR	YES 2 2 1	MED IO	if yes, a	CENDENT OF HISPA pecify Cuben, Mexic S 2 M NO Speci	an, Puarto	N? (Specify Yea Rican, atc.)	or No— 14	Black, Specify:	- American Indian, White, atc. White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		CEDENT'S USU			16	b. KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe.	Do NOT use re	anic	ost or working			meta	al	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N.	AME (First,	Middle, Malden	Sumame)		
James E. Ha	rrison						Boling	· · · · · · · · · · · · · · · · · · ·		
19a. INFORMANT'S NAME (Type/Print) Delane S. HArris	on	1	08 Cre	agers	and Number or Rural town Rd.		Woodsb	oro,	MD 2	
20g_METHOD OF DISPOSITION 1 ABurlat 2 Cremation 3 Rem 4 Ocnation 6 Other (Specify)	oval from State	other pla		emete	emetery, crematory or L'Y		Wood	cation — cit Isboro	. MD)
21. SIGNATORE OF FUNERAL SERVICE LI	Har?	Ber	/		odsboro,		.D. Har	tzler	& S	ons
23. PART I. Enter the diseases, or abook, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIOS	on each line	C CARI					ratory arres	rt,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	R AS A CONSEC								
	d									1
PART II. Other algolificant condition	na contributing to d	eath but not s	eaulting in t	he undertyl	ng cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	8	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	Check only	one)		<u>_</u>	
XXX YES 2 NO	HOSPITAL:	R/Outpetlant 3		THER:	ma 5 🗆 Raaldence	6 🗆 Oth	ner (Specify)			
27. MANNER OF OEATH 1 🔀 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)		28b. TIME O	Y V	JURY AT ORK? YES 2 NO	28d. DI	ESCRIBE HOW I	NJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et		ome, farm, stre	et, factory, of	lca	281. LO	CATION (Street by or Town, State)	and Number or	Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 CERTIFYING PHYS 2 CERTIFYING PHYS	ICIAN: To the best of m									and manner as atated.
29b. WATURE AND TITLE OF CERTIFIE	" Yh 10				29c. LICENSE NO	UMBER OCME		29d. DATE		Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WAR MARGARITA A. KO	ORETLL, MD	OF OEATH (ITE	M 27) (Type, Pri		enn Stre	et.B	altimo	re.MD	2120)1 v

	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	emoval.	dical examiner must be notified at once.
-	ar an uted within 24 roun	and completely filled in	To burlal, cremation, or r	sumatic event, the me
5	the death draw	y the attendish obysic	od Mental Hygiene pre	Infury, or other tra
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death contract the major of the hospital page 6 may be retained by the hospital page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the completely filled in by the funeral director, page 5 should be detached	rithin 72 hours after death with the State Dept. of Health a	IMPORTANT: If Item 28 is marked, or item 23 shows any infury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYI REGISTRAR		TMENT OF HICATE OF			NTAL HYGIENI REG. NO.	0	0 27201)
	1. DECEDENT'S NAME (First, Middle, Last)	0211111			2.	DATE OF DEATH	-	3. TIME OF DEATH	-
	Claire Henn	ACCV				10 04	90	8·45 a	М
-4		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH	6. E	SIRTHPLACE (State or Foreign	_
	212 05 58 05 B 10 M2 XF	84 YRS.	MONTHS DAYS	HOURS M	401.40	(Month, Day, Year) 3/28/06	ارم	PARYLAND	
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION (9c. COUNTY	The Part of the Pa	_
œ l	Greater Baltimore Medical C	ont on		owson			Dal+	timore	
5	RESIDENCE OF DECEDENT						Dali		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA)		10d. INSIDE CITY LIMITS?	
0	MD Baltimore			timore	-	ARKVIL	72	1 TYES 2 NO	_
RAI	10e. STREET AND NUMBER		1.00	, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	2904 Alden Road 11. MARITAL STATUS 12. WAS DECEDENT EVER	MILLO ADMICO		21234	UPPANO C	ORIGIN? (Specify Yea		RACE — American Indian.	
5	1 Never Married 2 V Married FORCES? 1 YES	2 NO	If yes, sp		Aexicen, Pr	uarto Rican, etc.)	OF NO.	Black, White, etc.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 U YES	2 25 NO 3	зреспу:			Specify:	
0	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATE	ON pet of working		16b. KIND OF BUS	INESS/INOUST	RY	_
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	se retired.)	at or working					
MPI	12 YRS. 4 YRS.	15	ACHER		_	BA	20-	CITY	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER	'S NAME	First, Middle, Maiden	Sumame)		
BE	JAMES H. LEWI.	2		11	426	L AZU	HOFF	9 VO	_
2	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or I	Rural Route	Number, City or Town	n, State, Zip God	(0)	
	20s. METHOD OF DISPOSITION 20	Db. PLACE OF DISPO	HM Warrand or	HS	HB	0 V Z	CATION — City	on Town State	_
	1 Surial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	other place)	- 1	c ~ c	\ C G	DV PA	at in	1 6 00	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	FIRM	22. NAME A	ND ADDRESS	OF FACILI	TY C	O	2 10	
	100 ,72					PET OF	156.6	DRIES	
	23. PART I. Enter the diseases, or complications that cause	ed the death De	88			-000 K	-040	PARKV.III	
	shock, or heart failure. List only one cause on		not antar that me	oda or dying.	, auch a	a cardiec or reapi	ratory arrest	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition							Onset and Dea	litte
	resulting in death) a. Respirate out to (or As	A CONSEQUENCE	ress						_
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CERTIFICATION	Consentation the tips conditions	A CONSEQUENCE O	OF):						
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듣	that initiated events OUE TO (OR AS resulting in death) LAST	A CONSEQUENCE O	OF):						
100	d.				1				_
	PART II. Other significant conditions contributing to deeth	but not reaulting	In the underlyin	g cause give	en In Par			24b. WERE AUTOPSY FINDING	GS
CAL					- 1	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	£
MEDI						V		1 YES 2 NO	
=						-			
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		· ·	LACE OF OEAT	TH (Check	only one)			_
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Dispatient 2 ER/Ou	rtpetient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Resid	denca 6 [Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY W	JURY AT ORK?	_ [Id. OESCRIBE HOW I	NJURY OCCUR	EO	
ВУ	1 Natural 6 Pending 2 Accident Investigation			YES 2 N	_				
ED	3 Suicide 6 Could not be 4 Homicide detarmined	RY — At home, ferm, secify)	street, factory, offi	ca	26	Gity or Town, State)	and Number or I	Rural Route Number,	
<u> </u>	Ma CERTIFIER A				_				
COMPLET	(Check only								
8	2 MEDICAL EXAMINEN: Off the Desis of statistical	ion and/or investigat	ion, in my opinion,	death occured	at the tim	e, date and place, ar	d due to the c	luse(a) and manner as stated.	
BE	29b. SICHATURE AND TITLE OF CERTIFIER			29c. LICENS		in .	29d. DATE SI	GNED (Month, Day, Year)	
0	TO NAME AND ADDRESS OF A PROPERTY HAVE	m	on Chalast	10/9	329		10	4/90	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	PEATHY(ITEM 27) (Typ	e, rint)						
	31. DATE FILED (Month, Day, Year) 33 REGISTRAR'S SIG	SNATURE.							
	31. DATE FILED (Month, Day, John) OCT 05 1990 June Davids	on-Mandall	•						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifies as employs within actions after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process, and the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiers prior to burish, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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KHANDELWAL

BASANT

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTMEI ERTIFICAT		IEALTH AND I	MENTAL	HYGIEN REG. NO		0 2	7283	
	1. DECEDENT'S NAME (First, Middle, Leet)	ERNST		IISE			2. DATE O	OF DEATH	90	3. TI	ME OF OEATH	
	4. SOCIAL SECURITY NUMBER 212-30-9404	5. SEX 1 X M 2 F	82 AGE (In yrs. last	**	MONTHS DAYS HOLDS MIN			(Month, Day, Year) Cou			E (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give a North Arundel Hos					Urnie	EATH		Anne		el	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	ne Arundel	Arundel Pasadena					INSIDE CITY LIMITS? YES 2 [X] NO				
ERAL	303 Cambridge Ro	d.		101. ZIP CODE 21122				U.S.A.			COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 VN	NO If yes, specify Cuban, Mexican, Puerto I				INT (Specify Yes or No- b Rican, etc.) 14. RACE — American India Black, White, etc. Specify: White			ie, etc.	
TO BE COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12 yr S	(G/	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working E. Do NOT use redired.) Engineer State Of Maryland									
	Johan D. Iise 18. Mother's Name (First, Middle, Lest) Marie							st, Middle, Melden Surnerne) Uhuta				
	19a. INFORMANT'S NAME (Type/Print) Mrs. Herta Iise 19b. Mailling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Same as #10											
	20s, METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 🗆 Ram 4 🕒 Donation 5 🗀 Other (Specify)		Parky	wood 10	0/6/9			В	altimo	re, M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Paul L. Hautsock, JR Leonard J. Ruck, Inc. 5305 Harford Rd.											
	23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Caydlores birstoy Caydlores and Death											
FICATION	disease or condition resulting in death) Due to (or as a consequence of): Recurrent Ventrala Cody Cody: Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
CERTI	that initiated eventa resulting in deeth) LAST	d										
MEDICAL	PART II. Other significant condition Congshir Js Lennic Co	rdiem	leath but not r	esulting in the active try	underlyir	ng cause given in	Part I.	24a. WAS AN PERFO 1 TYES	RMED?	OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE JEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DOA ATI	IER:	PLACE OF DEATH (C)						
ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO	1 Popellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO INJURY AT WORK?											
	1 Natural 5 Pending	(Month, De	, reary	M		YES 2 NO	1					
BY	1 Natural 5 Pending	(Month, Day		me, farm, street,	10	YES 2 NO		ATION (Street or Town, State	and Number or)	Rural Route	Number	
BE COMPLETED BY PHYSICIAN: MEDICAL	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, De) 28e. PLACE OF building, a	INJURY — At ho	me, farm, street,	factory, offi	YES 2 NO	City :	or Town, State	nner as stated			

1600 CRAIN HIGHWAY, GLEN BURNIE MD. 21061

DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of property of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Man.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P. O BOX 3146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the dam arming the life within 27	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending production and tompletely fille be filed within 72 hours after death with the State Dept. of Health and Mental Hours, county formation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injery, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90-27284

	1. DECEDENT'S NAME (First, Middle, Lagt) KADISH		2. Date of Death Search							
	4. SOCIAL SECURITY NUMBER, 6. SEX 6. AGE (1)	yrs. last birthday) IF U	INDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	39 6. BIR	THPLACE (State or Foreign			
	98. FACILITY NAME (If not institution, give street and number) SINALHOSPITAL OF BALTIMORE BALTIMORE 96. COUNTY OF DEATH PALTIMORE									
	RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY	ON IORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
	3321 CLARKS LA., APT. E	ZIP CODE	.215	F WHAT COUNTRY? JSA						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		ENT OF HISPANIC ORIGIN? (Specify Yes or No— Cubers, Mexican, Puerto Rican, etc.) NO Specify: WHIT							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	N t of worlding	18b. KIND OF BUSINESS/INDUSTRY CLOTHING							
	17. FATHER'S NAME (First, Middle, Last) JACOB KADISH	16. MOTHER'S NA KAT	ME (First, Middle, Meiden S CIE HIMLIC	2						
	MRS. BEVERLY COHEN	RUN DR.	BALTIMORE		.215					
j	Buriel 2 □ Cremation 3 □ Removal from State □ Donation 8 □ Other (Specify)	PLACE OF DISPOSITION Other place) AR ZION TI	ביו הפופופום							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	is	6010	REISTERS	N & BROS.,	ALTO.,M	ID 21215			
	23. PART I. Enter the disease, or complications that caused shock, or heart fellure. List only one cause on earlies and the cause on earlies are condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	-SCU1		SEA	Approximata Interval Between Onset and Death 5 days 2 weeks Tyears					
	PART II. Other algorificant conditions contributing to deeth be	UTOPSY 2 IED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input left 2 ER/Outp.		HER:	ACE OF DEATH (Ch						
į	1 Pes 2 No 1 Inpettent 2 ER/Outp 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 2 Accident Investigation	28b. TIME OF	28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec		28f. LOCATION (Street ar City or Town, State)	d Number or Plur	al Route Number,					
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowl one) 2 MEDICAL EXAMINER: On the best of examination						te(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER Frederik H. Bluen	1		29c. LICENSE NUI	MBER	29d. DATE SIGN	290 Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEL Frederik H. B. Goet	ATH (ITEM 27) (Type, Prin	()							
	31. DATE FILED (Month, Dey, Year)	n-Mandalle					1100			

iclan,	al-transit permit. Pages 1, 2, 3 should		
HYSICIAN: The law requires that the beath contract the contract will be contracted that have been shown to the compiler or attending physician.	unyment and community filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		otified at once.
n 2 wours after death. Page 6 may be r	ily filled in by the funeral director, page 5	cremation, or removal.	the medical examiner must be n
he death confications and within	the attending physical and complete	Mental Hydien, prior to by lat, cremo	njury, or other translatic event,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hyp	IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other manufact event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL I	be filed within 72 h	IMPORTANT: If I

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO.		7-27285	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	W YE	3. TIME OF DENTH	
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2 40	BIRTHPLACE (State or Foreign	
	533-46-8326		44 YRS.	MONTHS DAYS NOURS MIN. (Month, Day,				Country) [innesota	
	9e. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN C	R LOCATION OF DEA		9c. COUNTY		
DIRECTOR	St. Joseph Hospi	tal		Tow	Son		В	Baltimore Co.	
EC		10b. COUNTY			ION			10d. INSIDE CITY LIMITS?	
		imore Co.	To	owson				1 YES 2 K NO	
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
E I	530 Stevenson Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			13. WAS DEC	21204 ENDENT OF HISPANI	IC ORIGIN? (Specify Yes	USA ORIGIN? (Specify Yea or No.— 14. RACE — American III		
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	2 NO Specify:	, Puarto Rican, etc.)		Black, White, etc. Specify:	
D BY	3 Wildowed 4 Divorced	ATION .	Las Decement	S USUAL OCCUPATION		Las KIND OF BUIL	INCOMPONE	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during mo		16b. KIND OF BU	SINESS/INDUS	INY	
립		5 years	Cytote	chnologis	t	Baltimor	e Bio-	Medical Lab.	
8	17. FATHER'S NAME (First, Middle, Last)			100	NE (First, Middle, Melden	Surname)			
BE	Robert Lawrence 190. INFORMANT'S NAME (Type/Print)	I sob statis	C ADDRESS (Direct		e Straub	on Photo Tin Co			
의	Miss E. J. Hutchin	ns	100000000000000000000000000000000000000	Southern		ltimore, M			
	20s. METHOD OF DISPOSITION 1 ☐ Burlel 2X Cremetion 3 ☐ Remo	OSITION (Name of cer	ame of cemetery, cremetory or 20c. LOCATION — City or Town, Stata						
	4 Donetion 5 Other (Specify)	C	arroll (Cremation			pstead	l, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			g Byers	Funeral Di	rector	s, Inc.	
_	John K	Phys -				Rd. Randa			
		List only one cause on a	each line.					Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Dasing the large of the la								
,		. Ilm	antin	d		•	O		
01	Sequentially list conditions, If any, leading to immediate								
S	CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST								
L ĆE	PART II. Other significant condition	e contributing to death	but not regulting	n in the underlyin	a cause alven in i	Part I. 24s, WAS AN	AITTOREY	24b. WERE AUTOPSY FINDINGS	
3	- Ann III Gallar Gallana	- Control of the Control	out not resulting	y in the discorryin	g couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED								OF DEATH? 1 YES 2 NO	
ä									
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatlant 2 ER/Out		OTHER:	LACE OF DEATH (Che				
HA	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. T	IME OF 26c. IN	IURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
ВУР	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, stc. (Spe	Y — At home, farm eclfy)	n, street, factory, offic		28t. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIED	le Leon	mar		29c. LICENSE NUN	10 8	29d. DATE S	OIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHE	DE LEON	EATH (ITEM 27) (TY	T. JUSB	PH Itosi	PITAL, T	owson	1,40,21204	
	OCT 05 1990	guna Davidson-	fandell.			<u>'</u>			
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DHMH-18 Rev 1/89

	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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legin certi me a certi me within 25 wurs after death. Page 6 may be retained by the hospital or attending physician.	d D	Jie	THE STATE OF
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he	the a	Mem!	injury
that	ed by	Ith and	amy
N: The law requires that t	tificate has been signed by the att	of Hea	HOWS
law re	as bec	Sept. c	23 \$
The	cate h	State [Item
SICIA	s certifi	ith the State Dept. of Health and Mental	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	S	\$	60

	DEATH	REG. NO.	91	2728
		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
Ì	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN	E Q N	27286			
	1. DECEDENT'S NAME (First, Middle, Lest)	V00011 T	0		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (In yrs. las	it birthday) IF UNDER 1 YE	7. DATE OF BIRTH	1990 a. BIR	THPLACE (State or Foreign				
	214 14 4873	1×12 F 72	YRS. MONTHS DA	YS HOURS MIN.	(Month, Day, Year)		intry)			
	90. FACILITY NAME (If not institution, give st	reet and number)	9b. CITY, TO	WN OR LOCATION OF D		Sc. COUNTY OF	DEATH			
OR	G.B.M.C. 6	TOI N. CHAS	ST. TOL	nozu		BALT	IMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LI	OCATION			10d. INSIDE CITY			
DIR	MARYLAND BAI	Timass	PARK	2/15			LIMITS?			
	10e. STREET AND NUMBER	0	111111	10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	2503 ADDER	s KOAD		21231	+	U.S	. A.			
S	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	IMED 13. WAS	DECENDENT OF HISPA , specify Cuben, Mexico	NIC ORIGIN? (Specify Yee	or No- 14. B/	ACE — American Indian, ack, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 NO Specif		Sp	ecity:			
	15. DECEDENT'S EDUC	CATION 16a. DE	CEDENT'S USUAL OCCU	PATION	16b. KIND OF BUS	SINESS/INDUSTRY	134112			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ive kind of work done during. Do NOT use retired.)	g most of working	2.					
MPL	12 YRS.	5	R. SOIT.	OR	MGRI	H-WA	IL Pub. Co.			
S	17. FATHER'B NAME (First, Middle, Last)	· (- 0 - 1) C (^	0 4 -	AME (First, Middle, Meiden	Surname)				
BE	11. I CHOCK	YOUAL JI	NAME AND ADDRESS (C.	IHGO	21 1 23	- Out 7/2 Out 1				
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME (Type/Print) SAME (Type/Print) SAME (Type/Print)									
	20a, METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (Name of	of cemetery, crematory or	20c. LO	CATION — City or	Town, Btate			
	1 Burial 2 Cremation 3 Remo	oval from State other pl	FELLO	35 P5M5	TERV CA	വാവ	. DELAWAR			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		E AND ADDRESS OF F		SMOR	275			
	1 X 1 4 3	Name In	200	ans CHA	END POO	0-P0	ok in			
	23. PART i. Enter the diseases, or c	complications that esuced the de	eath. Do not enter the	mode of dying, suc	ch as cardiec or respi	ratory srrest,	Approximate			
	shock, or heert fellure. I iMMEDIATE CAUSE (Finel	List only one couse on each line			0 -	1	interval Between Onset and Death			
~	disease or condition - A cure Carebra vascular Thromboss									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions, Due To (OR AS A CONSEQUENCE OF):									
ATI	if any, leading to immediate cause. Enter UNDERLYING									
IFIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ÉRI	resulting in death) LAST	d								
	PART il. Other significent condition						24b, WERE AUTOPSY FINDINGS			
MEDICAL	Carcino	mad/	rosserve	٠	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
MEC		0					1 YES 2 NO			
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	6. PLACE OF DEATH (C	heck only one)					
YSI	1 VES 2 NO	1) Inpetient 2 ER/Outpatient	3 DOA 4 Nursing	Home 6 - Rasidence						
	27, MANNER OF DEATH 1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)		WORK?	28d. DEŞCRIBE HOW	NJURY OCCURED	1			
ВУ	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY — At he			28f. LOCATION (Street	end Number or Ru	ral Route Number,			
ED	4 Homicide 8 Could not be	building, etc. (Specify)			City or Town, State,					
COMPLETED	290. CERTIFIER	CIAN: To the best of my knowledge, d	eath occurred at the time.	data end place, end du	e to the cause(e) end ma	nner as stated.				
OMI	(Ollack Olly)	R: On the basis of examination end/or					se(e) end menner es stated.			
ш	296. SIGNATURE AND THE OF CERTIFIE	3//		29c. LICENSE NU	JMBER	29d. DATE SIGN	HED (Month, Day, Year)			
TO B	SIRC	Weller.				POCT	08916			
F	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Nine Print)				1			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1

DHMH-16 Rev 1/89

		2, 3 should	
		Pages 1	
BALTIMORE, MARYLAND 21203-3146	within 25 nours after death. Page 6 may be retained by the hospital or attending physician.	id commetely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
MOR	age 6 m	director,	
ALTI	death. P	funeral	
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other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the lebath in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendance filed within 72 hours after death with the State Dept. of Health and Mental Ing IMPORTANT: If Item 28 is marked, or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 23 shows any Injery, or or Item 24 shows any Injery, or or Item 25 shows any Injery, or or Item 25 shows any Injery, or or Item 25 shows any Injery, or Item 25 shows any Item 25 shows any Item 25 shows any Item 25 shows any Item 25 shows any Injery, or Item 25 shows any Injery, or Item 25 shows any Injery, or Item 25 shows any Injery, or Item 25 shows any Item 25

DIVISION OF VITAL RECORDS, P. 9

FOR 1 - STATE

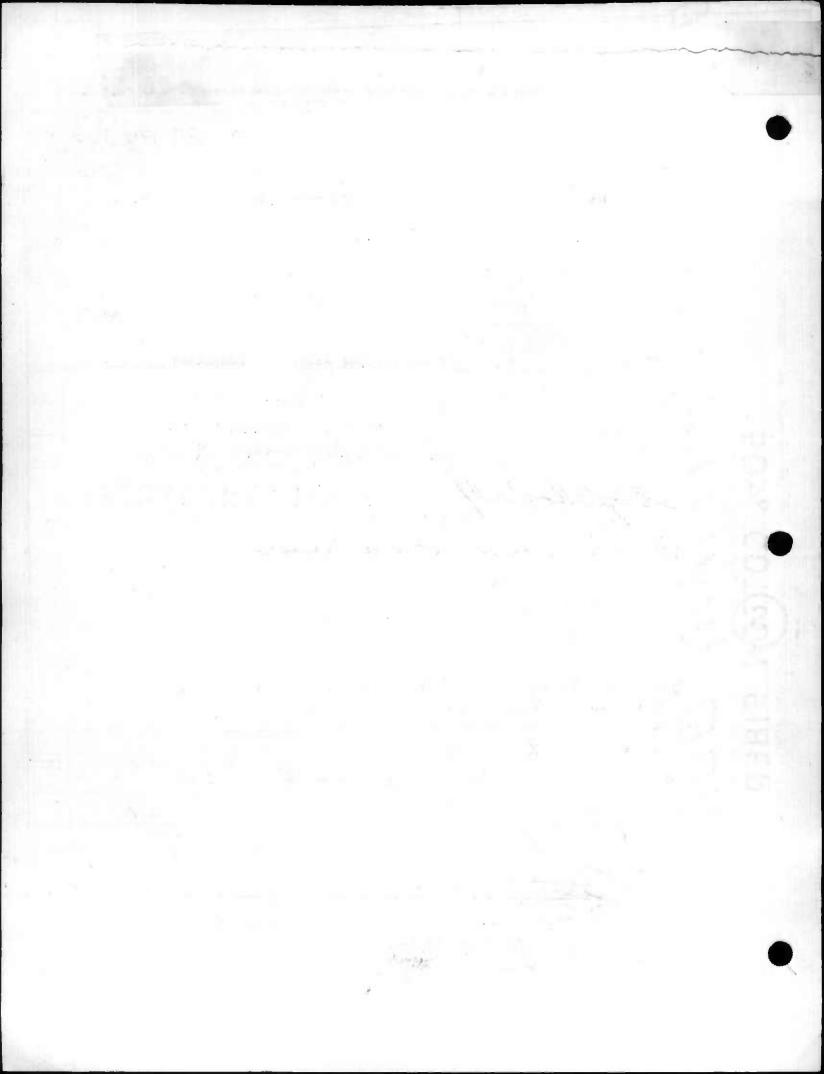
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27287

	REGISTRAR		CERTIF	ICATE C	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILMER EI	LLSWORTH	MURPHY				01 DAY 90		:05am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7, DATE OF BI	RTH	8. BIRTHPLAC	CE (State or Foreign
	723-09-0617	tX_XM 2 □ F 71	YRS.						
R	SACRED HEART HOSE	PITAL		96. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND, MD 96. COUNTY OF DEATH ALLEGANY					
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN OR LO				1.0.	
E									LIMITS?
	Maryland Garre		Swant	O N 10f, ZIP CODE		100 CIT		YES 2 NO	
FUNERAL DIRECTOR	Rural Rt.			21561			USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X				DECENDENT OF HISPAN, specify Cuban, Maxica			14. RACE — A Black, Wh	American Indian, hite, etc.
B	XXNever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO Specifi			Specify: W	hite
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S		ATION most of working	16b. KING	OF BUSINESS/IN		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most of working				
<u>₹</u>	12		Westva	estvaco			Paper		
8	17. FATHER'S NAME (First, Middle, Last)					, Maiden Surname)			
BE	Thomas R.	Murphy					lexande		
9					et and Number or Rural				
				l Rt.		n Rd.			. 21561
	20s METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	other place)						
	4 Donation 8 Other (Specify) Murphy Cemetery Swanton , Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	11/6	Kall	6				Funeral	Home	-
	Muyn	Doy	1		Boal-War Western				
	23. PART I. Enter the disesses, or c ahock, or heart failure. I	complications that cause List only one cause on a		not enter the	mode of dying, aud	ch as cerdiec	or reapiratory e	rrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final								Onset and Daeth
	disease or condition e. CARDOPULMON ARY ARREST DUE TO (OR AS A CONSCOUENCE OF):								
	METABOLIC ENCEPHATEDPATHY								
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
AT	If any, leading to immediate cause. Enter UNDERLYING								
F	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):							
H	resulting in deeth) LAST	. Hepi	ATTITS						
	PART II. Other aignificant condition	s contributing to death	but not resulting	In the under	ivino ceuse olven in	Part I 24a	WAS AN AUTOPSY	/ 245 WE	RE ALITOPSY FINDINGS
EDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE TO COMPLETION OF								
EDI				30 11 3	2111012	— ¹□	YES 2 NO	OF	DEATH?
2	CROSSRY DISERSE 1 YES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL			-	6. PLACE OF DEATH (C)	heck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	Home 8 - Residence		actfu)		
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	ME OF 28	INJURY AT		BE HOW INJURY O	CCURED	
	1 Netural 8 Pending	(Month, Day, Year)		M 1	WORK? YES 2 NO				9
) BY	2 Accident Investigation 3 Suicide 6 Could not be	tY — At home, farm	street, factory,	offica		N (Street and Numb wn, State)	er or Rural Route	Number,	
ETED	4 Homicida datermined	building, etc. (Spo	001177			Sily Si 10	,,		
J.E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wledge, death occu	rred et the time,	data and place, and du	a to the cause(a) and manner as st	lated.	
COMPL	one)	R: On the basis of examinati	ion and/or investige	lon, in my opini	on, deeth occured at the	e time, data and	place, and due to	the cause(a) an	d manner as stated.
	286. SIGNATURE AND TITLE OF CERTIFIC	1			29c. LICENSE NU	IMBER	29d. DA	ATE SIGNED (Mo	onth, Day, Year)
BE (D31	875	•	10/1/9	O
2	36. NAME AND ADDRESS OF PERSON WH				, , ,				~
	ROBERT WELIK, I		ETON DRI		UMBERLAND,	MD 2	1502		<u> </u>
	31. DATE FILED (Month, Day, Year)	Lilia Bairds	MATURE SATISFALL						

1 - STATE REGISTRAR	STATE	OF MAR	YLAND / DE		MENT OF				SIENE 9U	2	1588	
1. DECEDENT'S NAME (First, Penning	Middle, Last) gton, Anne							2. DATE OF DEA	DAY	190 3.	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 161-03-5706	5. SEX		GE (In yrs. last bird		UNDER 1 YEAR NTHS DAYS	IF UNDER :	MIN.	7. DATE OF BIRTY (Month, Day, Y	, 1917	Country)	CE (State or Foreign	
9a. FACILITY NAME (If not ins				91	CITY, TOWN		ON OF DEA	ГН	9c. COUNT	Y OF DEATI	н	
UNION ME	Union Memorial Hospital				Bal	timor	e Cit	<u>y</u>	Bal	timor	e	
Union Me PRESIDENCE OF DEC 100. STATE Delaware					own or Loca Jetown	TION			10d. II L			
100. STREET AND NUMBER						f. ZIP CODE			10g. CITIZEN OF WHAT C			
108 Nelson A	08 Nelson Avenue Marital status 12. was decedent ever in u.s.,				12 400 05		947	ORIGIN? (Spec	USA	BACE	American Indian,	
1 Never Married 2 🔀 I 3 Widowed 4 Divor	Married 2 X Married FORCES? 1 YES 2 X				If yes, s		, Maxican,	Puerto Rican, at		Black, WI Specify:	phite	
15. DECE (Specify only	15. DECEDENT'S EDUCATION 16a. DECEDE (Specify only highest grade completed) (Give kil				UAL OCCUPAT done during m	ION ost of worlding	9	18b. KIND C	OF BUSINESS/INDUS		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15. DECE (Specify only Elementary/Secondary (0- 12 17. FATHER'S NAME (First, Mic	12) College (1-4 or 5+).			uative			Educa				
17. FATHER'S NAME (First, Mic	idle, Last)	U	Admixi	usi,	arre			Educe				
Paul Simpson	Paul Simpson					Cath	herin	e Zemz	ik			
				AILING AC	G ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code)							
Carol Wilgus Rt. 3 Box S-7, Georgetown, DE 19947												
20a. METHOD OF DISPOSITION 1	3 Removal from Specify)	tate	other place) Still	East Poile	erii Si Ceme	metery, cremi 1072 (tery	etory or Crema	tory (Ge or ge tou Still Poi	y or Town.	Stata E	
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	sel	/			ell, 1			y Funera Georgetou	l Hom	e E 19947	
IMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injurthet Initiated events resulting in death) LAST	s. X	DUE TO (OR I	AS A CONSEQUE	NCE OF):	nce	420	les)]			Interval Betwee	
PART II. Other significer STAGE III. OX ANY I	PART II. Other significent conditions contributing to death but not resulting STAGE THE MESOTINE CIAL PARTY ON ANY WITH Abdominal Card				PERFORMED?					CO	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
1 TYES 2 NO	HOSPI 1 EXInpat	lent 2 ER/	Outpatient 3 🗆		THER: Nursing Ho	me 8 🗆 Red	sidenca 8	Other (Specia	(y)			
	Pending nvestigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY					KA.	26d. DESCRIBE	HOW INJURY OCCU	RED		
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						28f. LOCATION (City or Town,	Street and Number of State)	Rural Route	Number,		
0.001	FYING PHYSICIAN: To the										d manner as stated.	
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year)									orth, Day, Yber)		
30. NAME AND ADDRESS OF	PERSON WHO COMPLE	PED CAUSE OF	DEATH (ITEM 27	7) (Type, Pr	Int) V A - 3	~ ~	2000	\A \. \a.	1) = 0.0	129	190	
ROBERT D	SAUPS		MD	20	>1 €.	4	244	m Blv	HOSPIT	sac		
31. DATE FILED (Month, Day,	S 4000	O. R.	GIGNATURE	2.00								

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death	e attend	Vental H	ury, or
t the death	by the attend	nd Mental H	Injury, or
s that the death	ned by the attend	Ith and Mental H	any injury, or
quires that the death	n signed by the attend	Health and Mental H	ows any injury, or
w requires that the death	been signed by the attend	of Health and Mental H	3 shows any injury, or
ne law requires that the death	has been signed by the attend	Dept. of Health and Mental H	n 23 shows any injury, or
N: The law requires that the death	icate has been signed by the attend	State Dept. of Health and Mental H	Item 23 shows any injury, or
ICIAN: The law requires that the death	certificate has been signed by the attend	the State Dept. of Health and Mental H	, or Item 23 shows any injury, or
PHYSICIAN: The law requires that the death	this certificate has been signed by the attend	with the State Dept. of Health and Mental H	ked, or item 23 shows any injury, or
NG PHYSICIAN: The law requires that the death	fter this certificate has been signed by the attend	eath with the State Dept. of Health and Mental H	marked, or item 23 shows any injury, or
ENDING PHYSICIAN: The law requires that the death	IR: After this certificate has been signed by the attend	ter death with the State Dept. of Health and Mental H	Is marked, or item 23 shows any injury, or
ATTENDING PHYSICIAN: The law requires that the death	ECTOR: After this certificate has been signed by the attend	rs after death with the State Dept. of Health and Mental H	n 28 is marked, or item 23 shows any injury, or
. DR ATTENDING PHYSICIAN: The law requires that the death	DIRECTOR: After this certificate has been signed by the attend	hours after death with the State Dept. of Health and Mental H	item 28 is marked, or item 23 shows any injury, or
PITAL DR ATTENDING PHYSICIAN: The law requires that the death	ERAL DIRECTOR: After this certificate has been signed by the attend	n 72 hours after death with the State Dept. of Health and Mental H	T: If Item 28 is marked, or Item 23 shows any injury, or
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	FUNERAL DIRECTOR: After this certificate has been signed by the attend	within 72 hours after death with the State Dept. of Health and Mental H	TANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centing the continue of the continue o	THE FUNERAL DIRECTOR: After this certificate has been signed by the attent	filed within 72 hours after death with the State Dept. of Health and Mental H	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN REG. NO	E 9	0 2	27289
	1. DECEDENT'S NAME (First, Middle, Last)			_		2. DATE OF DEATH	W	YEAR 3	TIME OF DEATH
	Howard I	Marr	iott			10 2	W	90	10:15P M
		6. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a BIOTHOL	ACE (State or Foreign
	215-12-1566	⊠ м 2 □ F 72	YRS.	MONTHS DAYS	HOURS MIN.	Dec 22 19	17	Country)	Baltimore
	9a. FACILITY NAME (If not institution, give stree	ot and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	TY OF DEA	
œ	Memorial Hospi	*		Easto			Tal		
6	RESIDENCE OF DECEDENT	Lai		Павсо					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	od, INSIDE CITY LIMITS?
嵩	Md Balti	imore	Ca	tonsvill	0			1	☐ YES 2 ¥ NO
	10s. STREET AND NUMBER	LIIOTE			. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
2	1307 Biddle Court				21228		1	J.S.A	•
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
	1 Never Married 2 Married	FORCES? 1 YES 22	NO		ecify Cuben, Mexico 2 NO Speci	en, Puerto Ricen, etc.)		Black, \ Specify:	White, etc.
BY	3 🖾 Widowed 4 🗌 Divorced				X	7.			ite
8	15. DECEDENT'S EDUCAT		DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BU	SINESS/INE	11.00.	
E	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during me se retired.)	ost or working				
립	8th grade		Steam	Fitter		Local	438 1	Jnion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surname)		
	James E. Marriott				Alice V	irginia Ma	rrio	tt (no	eeMeyers)
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)	
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 221 Mountain Road, Pasadena, Md. 21122								
	20g, METHOD OF DISPOSITION	20b. PL/	CE OF DISPO	SITION (Name of ce	metery, crematory or	20c, LC	CATION -	City or Town	, State
- 1	1 Burtal 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	al from State Othe	r place)						,
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(BEE	indan	Park Cem	ND ADDRESS OF F	ACILITY	timo:	re	
	11111	///		Hubba	rd Funer	al Home In	c.		
	JUN. A	1/		4107	Wilkens	AVenue, Ra	ltim	re l	Md 21220
	23. PART L Enter the diseases, Dr cor	mplications that caused the et only one cause on each	deeth. Do	not enter the me	ode of dying, suc	ch ae cerdiec or reap	ratory an	rest,	Approximata Interval Between
4	IMMEDIATE CAUSE (Final	A Only one cades on each							Onset and Death
	disease or condition resulting in deeth)	LUNE	C	CANE BY					14-mg
	Touching in death,	DUE TO (OR AS A CON	SEQUENCE C	OF):					
z									
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE C	OF):					
8	CAUSE (Disease or Injury								
Ē	thet initiated events	DUE TO (OR AS A CON	ISEOUENCE C	OF):					
CERTIFICATION	resulting in death) LAST								
-	PART II Other elevitioent conditions	postalbutine to death but a		to the condestate	b t-	Part I. 24s. WAS AP		Lance	
M	PART II. Other algoliticent conditions	contributing to death but in	or remulting	in the underlyin	ig cedee given ii	PERFO			VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	<u> </u>					1 🗆 YES :	NO		COMPLETION OF CAUSE OF DEATH?
ō								1 1	YES 2 NO
MEDI						_			
N: MEDI									
CIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	JOSEPITAL .		-	LACE OF DEATH (C	heck only one)			
SICIAN: MEDI	EXAMINER?	HOSPITAL:	n 3 🗆 DOA	OTHER:		theck only one) 6 Other (Specify)			
HYSICIAN: MEDI	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	28b. Til	OTHER: 4 E Nursing Hor ME OF 26c. IN	ne 5 🗆 Residence		INJURY OC	CURED	
Y PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatien	28b. Til	OTHER: 4, Z Nursing Hor ME OF JURY 26c. IN	ne 5 🗆 Residence	6 ☐ Other (Specify)	INJURY OC	CURED	
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A	28b. Til	OTHER: 4. Nursing Hol ME OF JOHN MURY M 1	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street	and Numbe		ute Number,
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	OTHER: 4. Nursing Hol ME OF JOHN MURY M 1	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	and Numbe		ute Number,
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Impatient 2 ER/Outpatient	28b. Til IN t home, ferm,	OTHER: 4 Nursing Hot ME OF 26c. IN MURY M 1 Street, factory, offi	me 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	and Numbe	r or Rural Ro	ute Number,
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only	28a. PLACE OF INJURY Abuilding, etc. (Specify) AN: To the best of my knowledge	28b. Til IN it home, ferm,	OTHER: 4 Nursing Hot ME OF 26c. IN JURY M 1 street, factory, offi	me 5 Residence JURY AT ORK? YES 2 NO ce	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State te to the cause(a) and ma	and Numbe	r or Rural Roo	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	Impatient 2 ER/Outpatient	28b. Til IN it home, ferm,	OTHER: 4 Nursing Hot ME OF 26c. IN JURY M 1 street, factory, offi	DISTRICT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and make time, data and place, a	and Numbe	r or Rural Root sted. he cause(a) (and manner sa stated.
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only	28a. PLACE OF INJURY Abuilding, etc. (Specify) AN: To the best of my knowledge	28b. Til IN it home, ferm,	OTHER: 4 Nursing Hot ME OF 26c. IN JURY M 1 street, factory, offi	ne 5 Residence JURY AT ORK? YES 2 NO ce a and place, and du death occured at th	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and make time, data and place, a	and Numbe	r or Rural Root sted. he cause(a) (

PLETED CAUSE OF COATH (ITEM 27) (Type, Print)

ney 509 Idlewild Ave.

21601 Md. Easton,

Carney 32. REGISTRAR'S SIGNATURE

Stephen P
31. DATE FILED (Month, Day, Year)

OCT 05 1990

DHMH-16 Rev 1/89

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
wal. al examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Merral Hours, printing cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other retinance event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the amount of the amount of the funeral director, page 5 should be detached.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear certification and within place after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. P. 19146,

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H			HYGIENE REG. NO.		90	2729
	1. DECEDENT'B NAME (First, Middle, Lest) WALTER LESTER'		b			2. DATE OF MONTH	DEATH DAY		AR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-05-3085	1X M 2 □ F 72	YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH ey; Year) 30 1	918	Country) BALTII	E (State or Foreign MORE
TOR	9a. FACILITY NAME (If not institution, give 5111 WESTLAND BO RESIDENCE OF DECEDENT			ARBUTU	R LOCATION OF DI	EATH		9c. COUNTY BAI	OF OEATH	RE
DIRECTOR	10a. STATE 10b. COUNT	NTY BALTIMORE 10c. CITY, TOWN OR LOCATION ARBUTUS			ION	10d. INSIDE CITY LIMITS? 1 YES 2 X NO				LIMITS?
FUNERAL	100. STREET AND NUMBER 5111 WESTLAND	BOULEVARD		101.	21227			U.S.		COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	roporco 4 M vro a Tuo			ENDENT OF HISPAI ecify Cuban, Maxica 2X NO Specif	nn, Puarto Rici			RACE — Ar Black, White Specify: VHITE	merican Indian, ta, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 GRADE	(Glive kind of work done during most of working life. Do NOT use retired.) WELDER						NESS/INDUST		LECTRIC
BE COI	17. FATHER'S NAME (First, Middle, Last) PAUL JACOB MUEL	LER			18. MOTHER'S NA HILDA		dle, Maiden S	iurname)		
TO E	19a. INFORMANT'S NAME (Type/Print) MARY F. MUELLER		19b. MAILING A 5111 W	ESTLAND	BLVD., A	Route Number, rbutus	City or Town	State, Zip Cod 21	227	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	noval from Stata	other place) Lon	don Parl	netery, cremetory or k Cemete	ry		ation — Chy altimo		inte
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home Inc. 4107 Wilkens Avenue, Baltimore, Md.								1. 21229	
	23. PART i. Enter the diseases, or ahock, or heert fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CON GES DUE TO (OR AS A	ech line.	ot enter the mo	de of dying, suc	ch aa cerdie	c or respir	etory errest		Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	MA, W	TH.	MET	AS 7		5	y.A
PHYSICIAN: MEDICAL CERT	PART II. Other eignificent condition	na contributing to death b	ut not resulting in	the underlying	g cause given in		PERFORI	WED?	AVAIL COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	heck only one)				
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT PASSES 2 NO	·		JURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY	— At home, farm, st			261. LOCATO	ON (Street a Town, State)	nd Number or I	Rural Route I	Vumber,
COMPLETED	anal anny	SICIAN: To the best of my know NER: On the basis of examination							euse(a) and	manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	the a	4.0		29c. LICENSE NU	MBER		29d. DATE SI	GNED (Mon	th. Day, Year)
10	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type, I	Print)	2005	Ps 1			440	TE MD
	31. DATE ELLED (Month, Day, Year)	DE HEGISTRAP'S SIGN	T.D. 20	4,	INPLE	ND,Z	INT	tico m	Na	75 1LB

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law re	as bee	Dept. c	23 s
N: The	icate h	State	Item
YSICIA	s certif	th the	d, or
NG PH	ter this	ath wi	marke
TENDI	DR: A	fter de	8 18
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the écath carlier de atthe comment of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendance of	be filed within 72 hours after death with the State Dept. of Health and Mental Hypere 1000 to the boy or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injuly, or other trainments event, the medical examiner must be notified at once.
PITAL	ERAL	in 72 I	TE III
E HOS	HE FUN	M with	DETAN
TO T	10	be file	IMP

	FOR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIE	ne 9	0 27291
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Lest)	LINDBERG 1	DEWANE MEN	SER	2. DATE OF OEATH MONTH	DAV VE	3. TIME OF GEATH
	220-20-2575	M 2 □ F	63 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	27	BIRTHPLACE (State or Foreign Country) MARY LAND
2	99. FACILITY NAME (If not institution, give street UNIVERSITY HOSPITA RESIDENCE OF DECEDENT			BALTIMOR		9c. COUNTY	OF DEATH
DIME	10a. STATE 10b. COUNTY	IMORE	10c. CITY, 1	OWN OR LOCATION EDGEMER	E		10d. INSIDE CITY LIMITS? 1 YES 2XX NO
EHAL	100. STREET AND NUMBER 2628 BRANNAN AVENU	E		10f. ZIP COOE	1219		OF WHAT COUNTRY?
מסב ומ	11. MARITAL STATUS 1 Never Married 2 V Married 3 Widowed 4 Divorced	FORCES? 1 YES	SXX NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	ANIC ORIGIN? (Specify Yican, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
75150		college (1-4 or 5+)		k done during most of working stired.)		USINESS/INDUST	
200	12TH GRADE N 17. FATHER'S NAME (First, MICHIG, LOSI) JOSEPH SIMON NEMSE	/A R	WEIGHT N		NAME (First, MIDDIE, MAIDIE R LEE FRANK	n Surname)	EEL CORP.
20 00	190. INFORMANT'S NAME (Type/Print) . M. DOLORES MENSER			PORESS (Street and Number or Run RANNAN AVENUE	al Route Number, City or To	wn, State, Zip Coo	
	20e. METHOD OF DISPOSITION 1Å Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	b. PLACE OF DISPOSIT	ON (Name of cometer), crematory of FAITH CEM. 10-	20c. L	OCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	5. Coo	Den.	22. NAME AND ADDRESS OF DUDA-RUCK FUI 7922 WISE AVE	VERALHOME (F DUNDA	ALK, INC.
	23. PART I. Enter the diseases, or complete shock, or heart fellure. Lie immediate CAUSE (Final disease or condition resulting in death)	t only one cause on	each line.		uch as cardiac or res		
CHILITICALIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
N: MEDICAL C	PART II. Other significent conditions of	contributing to death	but not resulting in	the underlying cause given	PERF	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	EXAMINER? NA	INIVERSITY & IOSPITAL:		THER: Nursing Home 5 Residence			
1 2 1	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY AT	284. DESCRIBE HOV	INJURY OCCUP	ED
COMPLEIED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, str ecfly)	set, factory, office	261. LOCATION (Street City or Town, Ste	nt end Number or (e)	Rural Route Number,
7	29a. CERTIFIER (Check only	N: To the best of my kno		at the time, date and place, and o			
5	one) 2 MEDICAL EXAMINER:	On the basis of examinati	on end/or investigation,	in my opinion, death occured at	me time, date and place,	end due to the c	ause(s) and manner as stated.
n n	29b. SIGNATI/RE AND TITLE OF CERTIFIER	On the basic of examinati		Resident 29c. LICENSE		29d, DATE S	IGNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	Cax mc	I Surg.	Resident 290. LICENSE I	NUMBER	29d. DATE 3	IGNED (Month, Day, Year)

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death permisses to grant white 2x yours after death. Page 6 r	2	be filed within 72 hours after death with the State Dept. of Health and Merital Hinders after cemation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu-

31. DATE FILED (Month, Day,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND C		RTMENT				MENTA	L HYGIEN REG. NO.	E 9	D-0	272	92
	1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	. A. M	ARANT	n				2. DATE MONT		90	YEAR -	2:12	D C
	4. SOCIAL SECURITY NUMBER 213-14-9479	5. SEX 6. AGE (In yrs. In 1 X M 2 F 82		IF UNDER	DAYS	IF UNDER :	MIN.	3-2	of BIRTH 1909/1908		Mary	ACE (State or Fo	reign
TOR	9a. FACILITY NAME (If not institution, give si Franklin Square H				SSV1	lle	N OF DE	ATH			nty of deat 1tomo	^Դ ce Cour	nty
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harfo			ry, town o		ON						d. INSIDE CITY	
FUNERAL	1618 Cass Dr.				2	ZIP CODE 21014	4			U.	S.A.	T COUNTRY?	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	RMED NO	1	f yes, spec		n, Maxica	n, Puarto	f? (Specify Yea Rican, atc.)	or No—	Specify:	American India fhita, etc.	en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12	completed) (College (1-4 or 5 +)	Give kind of e. Do NOT u	s usual od work done of use retired.)	during most		g	168	. KIND OF BU	SINESS/INC	DUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph Marant	0					resa		Middle, Melden iFatta				
TO B	19a. INFORMANT'S NAME (Type/Print) Joseph C. Maranto 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1618 Cass Dr., Bel Air, Md. 21014												
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	HOI)	lanele	eemer	Cem		10-8	3-90			Md.	, Stata	
	Roy H. Cathe	Kother)		Lec	onard	J. R	uck,I	nc.,5				to.,Md.	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ee cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Acuse Myocardial infants. (day												
7	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly ilst conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	EOUENCE (OF):			_						
ERTIF	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE (OF):									
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDING ARILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO							TO CAUSE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3 □ DOA	OTHE	Rt:	ACE OF O			ne) er (Specify)				
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TI		28c. INJU WOI 1 Y	URY AT		_	SCRIBE HOW	INJURY OC	CURED		
ED	3 Suicide 6 Could not be datarmined	26e. PLACE OF INJURY — Al building, atc. (Specify)	home, farm	, street, fac	tory, office	1			CATION (Street or Town, State		or Or Rural Rou	rte Number,	
COMPLET	CONSCINUTE OF THE SECOND OF TH	ICIAN: To the best of my knowledge,										nd manner ee	stated.
29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (Type Print)						forth, Day, Year) 4 - 9	0.						

., 7600 Osler Dr., Towson, Md. 21204 Dr. A. H. Ghiladi, M.D.,

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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VISION	ATTENDING

90-5544

ITEMS: 23,	27	per	ME	G-668
10-17-90	CM			

	10-17-90 cm							07000
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO		27293
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	Harris		Mar	shall		9 30		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	215-54-2647	1 💢 M 2 🗌 F	39 YRS.	MONTHS DAYS	HOURS MIN.	12-14-50) [V A
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOW	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
TOR	556 Robert Stre	et		Ва	ltimore			
DIRECTOR	10a. STATE 10b. COUNTY MD			y, town on Lor altimo				10d. INSIGE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			T	101, ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
FUNERAL	556 Robert St				21217		USA	
<u>z</u>	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13, WAS C		NIC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indien,
BY FL	1 🔀 Never Merried 2 🗌 Merried 3 🗎 Widowed 4 🗎 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT NO	2 NO	If yes,	specify Cuban, Mexica ES 2 NO Specif	in, Puerto Rican, etc.)		Black, White, etc. Specify: Black
0	15. OECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	USUAL OCCUP	TION	16b. KIND OF BU	SINESS/INDUST	RY
COMPLETED	(Specify only highest grade in Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	Cambri	idge I	ron & Metal
Š	17. FATHER'S NAME (First, Middle, Lest) Harris Lee Mar	choll				ME (First, Middle, Melden	,	
	harris Lee Mar	Shall				hine Hicl		
190. INFORMANT'S NAME (Type/Print) Connie Avery 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 553 Robert St, Balto., MD. 21217						1 7		
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Western Star 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) Western Star Catons						or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC		m	22. NAME J O S 6	AND ADDRESS OF FA		. P.O.	Box 4433
	23. PART I. Enter the diseases, or c			not anter tha	mode of dying, suc	ch se cardiac or reap	iratory arrest	
	IMMEDIATE CAUSE (Finel	List only one cause on ea						Interval Between Onset and Death
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE O	OF):				<u> </u>
7		CHRONIC ALCO	MDI TOU					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A		DF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
H	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):				
ERI	resulting in death) LAST	1						
_	PART II. Other significent condition	s contributing to death bu	it not regulting	in the underly	ving ceuse given in	Part I. 24a, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ö	1					1 X) YES	2 NO	OF DEATH?
Σ						—		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-				
C	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
IYS	1 X YES 2 NO	1 Inpatient 2 ER/Output 28e. OATE OF INJURY	ttlent 3 🗆 DOA		IOMe 5XXReeldence	6 ☐ Other (Specify) 28d. OESCRIBE HOW	IN HIEW OCCUP	r.D.
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	200. DESCRIBE HOW	INJUNY OCCUR	EU
ВУ	2 Accident Investigation	26e. PLACE OF INJURY	— At home, term.			28t. LOCATION (Street	end Number or	Rural Route Number
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci		, , , , , , , , , , , , , , , , , , , ,		City or Town, State		,
COMPLET	29e. CERTIFIER	OVAN, To ab. 1						
MP	(Check only	CIAN: To the best of my knowle R: On the besie of examination						augusta and manner on whited
CO		4/7	with investigat	ort, in my opinio				
BE (296 SIGNATURE AND TITLE OF CENTRAL	/_			29c. LICENSE NU		1 6	IGNEO (Month, Day, Year)
TO	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED ONLOS OF THE	THE STEEL AT CO.	- Delete	<u> </u>	ME		10-3-90
	II JU. NAME AND ALWRESS OF PERSON WH	A MARKETER GRUSS OF DEA	nert 11 1 2 mil 271 / 1/6	m CTATE				

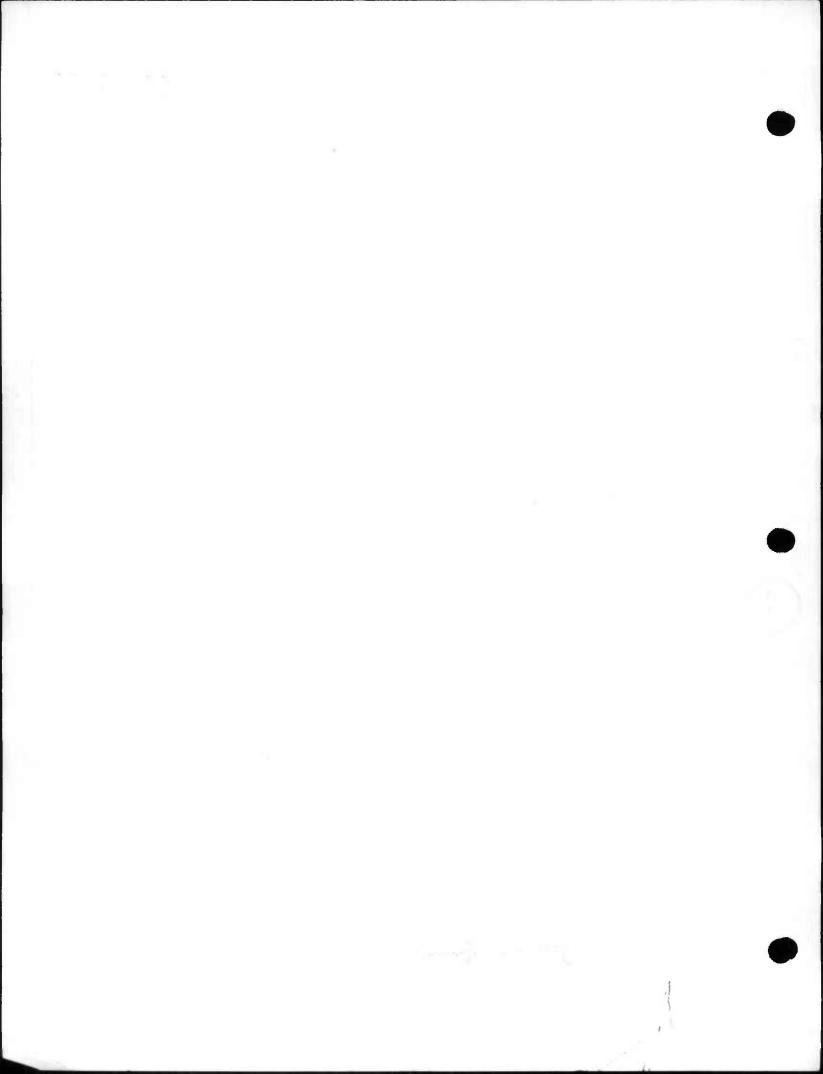
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn St., Balto., Md. 21201

Frank J. P
31. DATE FILED (MODITI, Day, Your)
0CT 0 3 1990 Peretti, M.D.

32. REGISTRAR'S SIGNATURE

The Davidson Pander

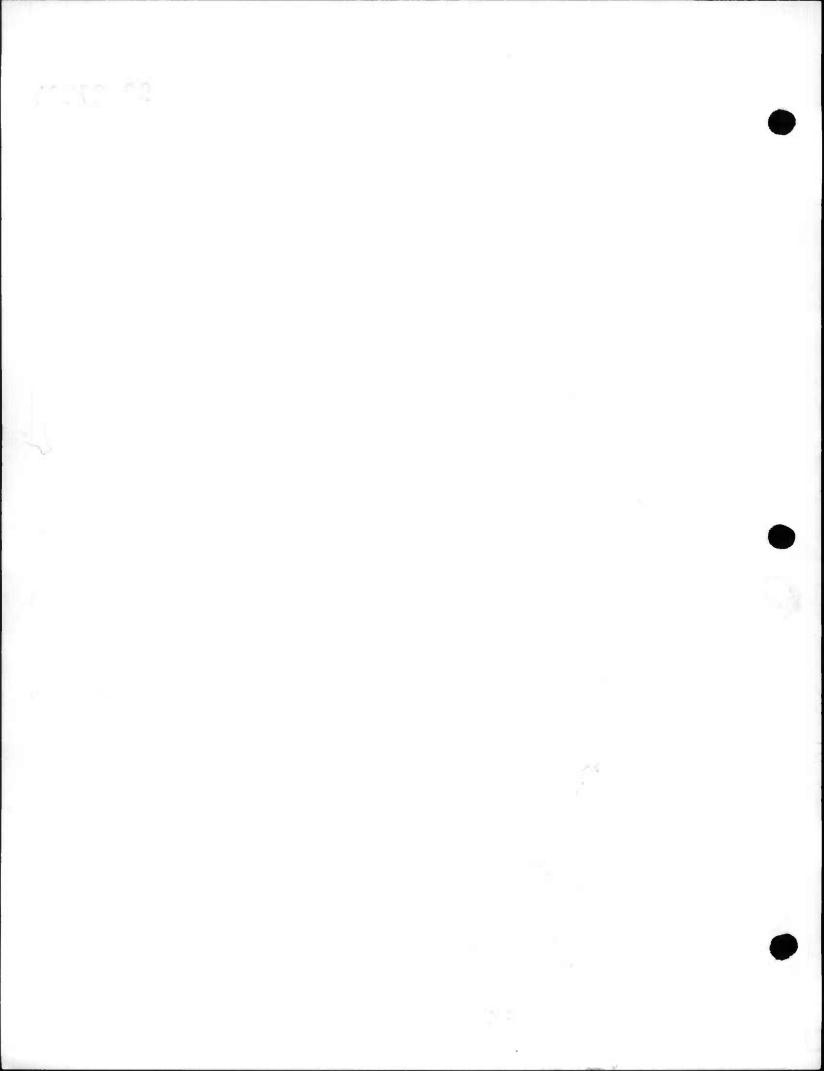


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifiant personal are made of the hospital of attending the propriet of the propriet	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending princes in the original princes.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens and Tolene cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND I	MENTAL HYGIEN REG. NO	_	30	27294
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	AR 3. TIM	AE OF DEATH
	Charles	WESLEY		Orr, j	R.	10 3	90		57 A. M
	4. SOCIAL SECURITY NUMBER	0.0	(In yrs. lest birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	_ (Country)	(State or Foreign
	218-76-2173		YRS.			10-24-195		Mary1	and
۱ ـ	9a. FACILITY NAME (If not institution, give s				N OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	es Hospital		Ва	ltimore				
Į	10a. BTATE 10b. COUNTY			TOWN OF LO					NSIOE CITY
		timore		Haleth	orpe		_	1 🗆	YES 2 K NO
UNERAL	1600 Clairidge A	venue			21227		10g. CITIZEN U . S		OUNTRY?
1	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2 € NO	If yes	DECENDENT OF HISPAN , specify Cuban, Mexica YES 2 NO Specifi	n, Puerto Ricen, etc.)	e or No— 14.	RACE — Arr Black, White Specify: Whi	
3	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUI	ATION	16b. KIND OF BU	SINESS/INDUST	RY	
COMPLE	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 8+)	Never		most of working				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
BE C	Charles W. Orr,	Sr			Shirley				
2	Shirley M. Rent		19b. MAILING 1600	ADDRESS (Str Clairi	eet and Number or Aural dge Avenue	Aoute Number, City or Ton e, Halethor	pe, MD	21227	7
	20a. METHOD OF DISPOSITION 1XXSurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)		emetery, crematory or		ocation — city timore	or Town, St	ate
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER 1	London	22. NAN	E ANO AOORESS OF FA	CILITY			
	M. They	Volama	~		bard Funer 7 Wilkens			ce, Mo	1. 21229
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications that caus List only one cause on		ot enter the	mode of dying, suc	h aa cardlac or reap	olratory srrest		Approximate interval Between
	immediate cause (Finel disease or condition resulting in death)		ronary Th		is				Onset and Death
,		•	a consequence of	•	vascular I)i sease			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING		A CONSEQUENCE OF						
2	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	F):					
Ä	reaulting in death) LAST	d					·		
١١	PART II. Other aignificent condition	ns contributing to death	but not resulting	n the under	lying ceuse given in				AUTOPSY FINOINGS
200	Schizophrenia					1XXVES	PRMED?	OF DE	ABLE PRIOR TO PLETION OF CAUSE EATH?
E			_			-		עני	KES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			- 2	8. PLACE OF DEATH (C)	neck only one)			
2	EXAMINER? 1 XXVES 2 □ NO	HOSPITAL:	utpatient 3 DOA	OTHER:	Home 5 - Residence				
H	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIM		INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	IED	
BY	1 Netural 5 Pending 2 Accident Investigation	(WONE), Day, Your			YES 2 NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	itreet, factory,	office	281. LOCATION (Stree City or Yown, Stat		Rural Route I	Number,
COMPLETED	(Original Oriny	SICIAN: To the best of my kn						ause(a) and	menner as stated.
BE C	ESO. SENATURE AND STILL OF CERTIFIE	Hus	_		29c. LICENSE NU	MBER	29d. DATE S		
10	10. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (See	Print)	OCM	<u> </u>		LO-3-9	90
	7			111 Penn St., Balto., Md. 21201					
	Jrank J. Pe	eretti, M.D.			nn St., Ba	alto., Md.	21203	L	

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	TIME	8	in the	$\stackrel{\sim}{=}$
	HOSPIT	FUNER	within	TANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contact of the post within 24 Hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended attended and an application of the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Megtal Hyperia with the cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTA	L HYGIEN	E	90	27295
	1. DECEDENT'S NAME (First, Middle, Last)	rtha P	eltzer	1					2. DATE MONT	D-01-	¥ 000 Y	EAR 3. T	ME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER	4 VEAR	IF UNDER	24 MDC				BIRTHRI AC	E (State or Foreign
	212-12-2587	1 [] M 2 [X] F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	11	бе віятн 5, <i>Day, Year)</i> -25-1	912	Mary	
-	9e. FACILITY NAME (If not institution, give str							ON OF DE	ATH		9c. COUNTY	OF DEATH	
DIRECTOR	2410 McElder	ry St.				Bal	time	ore					
<u> </u>	10a. STATE 10b. COUNTY			10c. CIT	y, TOWN C	OR LOCAT	ION					10d.	INSIDE CITY
	Md.			I	Balt	imo	re					1 🔯	YES 2 NO
FUNERAL	100. STREET AND NUMBER 2410 McElder	ry St.				11.0	212				10g. CITIZEI	J.SA.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF							Y? (Specify Yee Rican, atc.)	_		mericen Indian.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W						Specify		rivair, att.,		Specify:	White
TED	15. DECEOENT'S EDUC (Specify only highest grade		16a. OE	CEOENT'S live kind of v	USUAL O	CCUPATIO	ON st of worki	ng	16b	. KIND OF BUS	SINESS/INDUS	TRY	
LET	Elementery/Secondery (0-12)	College (1-4 or 5+) //**	Sale							Dont	Cto	72.0
COMPL	12.th			Sare	22 T	auy	18. MOT	HED'S NA	ME /Flort	Middle, Maiden	Dept.	5 60	re
ECC	Geograe L. He	bbel					100000			e Dru		9	
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a				ber, City or Tow			
2	Mr. Woodrow W.	Peltze	r	24]	LO M	cEl	der	ry S	st.	Balto	. , Md	1. 21	.205
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Cardens Of Faith Cem. 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State												
	21. SIGNATORE OF FUNERAL SERVICE LIC	ENSEK	Ga	rder	22.	NAME AL	ND ADDRE	SS OF FA	CILITY		•		
	A Hartley My	.00								r Fun			
	23. PART I. Enter the diseases, Dr c	emplications that	caused the de	eath. Do r	not anter					Rd B			Approximata
	shock, or haart failure. I IMMEDIATE CAUSE (Final	list only one cau	se on each line	B.									Interval Between Onset and Death
	disease or condition resulting in death)	Lung Due to	Carcin	10,00	m	eta	ota	tic	to c	ontral	atera	2 101	0
		DUE TO	OR AS A CONSE	OUENCE O	F):								7
NO NO	Sequentially list conditions,	DUE TO	OR AS A CONSE	OHENCE O	FI.								
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502.10	OII NO A CONTOC	dounte o	,,							į	
FI	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):								
H	resulting in death) LAST	1											
-8	PART II. Other significant condition	e contributing to	death but not	resulting	in the u	nderivin	n cause	alven in	Part I.	24a, WAS AN	AUTOPSY	24b. WEF	IE AUTOPSY FINDINGS
8										PERFOR	RMEO?	AWA	LABLE PRIOR TO
MEDICA										1 TYES 2	DE NO		DEATH?
₹									_			'-	123 2 110
28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
SK	1 YES 2 NO	HOSPITAL: 1 Input ont 2	ER/Outpatient	DOA	4 Nu	R: raing Hon	10 5×1 R	iesidence	6 🗆 Oth	er (Specify)			
у РНУ	27. MANNER OF DEATH 1 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIN	IE OF JURY M	WC	URY AT ORK? YES 2	_ NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At hetc. (Specify)	ome, farm,	street, fac	tory, offic				CATION (Street or Town, State)		Rural Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												I menner se stated.
ШСС	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	CENSE NU	MBER		29d. DATE S	SIGNEO (Mor	nth, Day, Year)
0	Carlo way	Rosent	ral M	0			D3	102	5		10	-3-9	0
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	E OF DEATH OT	M 270 /5m	Delet								

3400 Brehms Lane

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla Wolf Rosenthal MD 3400 B

31. DATE FILED (Month, Day, Year)

32. REGISTERS'S SCHAYUBE

DCT 05 1990 Guilla Davidson-Panalelle

Baltimore MD

er arior

в.		FOR STATE REGISTRAR	STATE OF MARYL		DEPARTME ERTIFICA				YGIENE EG. NO.	9	0	27296
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DAY	YEA	R	TIME OF DEATH
0		Lillian 4. SOCIAL SECURITY NUMBER	Lipscomb Ro					10 /	2	90		5:35 P.
3		214-32-6731	1 M 2 X F	(In yrs. les	6 YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) 7/20	/04	C	ountry)	Md.
3 shou	OR	Berlin Nursing H			9b. C		n Location of DE	HTA	9-	e. COUNTY O	CCES	
1.	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c, CITY, TOW	N OR LOCAT	TION				104	. INSIDE CITY
nit. Page	DIRECTOR	Md. Wor	cester			n Cit	у				1×	YES 2 NO
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	100. STREET AND NUMBER 104 7th Street				101	21842		10	US.		COUNTRY?
attending physician, se as the burial-tran	B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 1	IMED NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	n, Puerto Ricer			Black, Wh	American Indian, lita, etc. White
_ 5	ETED.	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ECEDENT'S USUAL live kind of work do Do NOT use retire	ne during mo		16b. KIN	D OF BUSINE	ESS/INDUST	ïY	
hospital ached for	COMPLE	1 1 yrs. 1 1 yrs.	College (1-4 or 5+)	C16	erk/Rece	ptior		Hotel Industry				
be det	BE CO	George William Rounds					18. MOTHER'S NA	ME (First, Middl ISIE AN			omb	
	10	19a. INFORMANT'S NAME (Type/Print) William Savage, J1	·	19		G ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Baltimore Ave., Ocean City, Md				218	342	
6 may be ector, page must be		20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Eve					metery, cremetory or Cemetery	7		lin,		State
death. Page e funeral din II. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRESS OF FA	BIII	bage Will	Funer	al E St	Iome
filled in by m, or remo		23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only/one cause on	aach line	MOI	V/F	7	h as cardiac	Or reapirat	ory arreat,		Approximata Interval Between Onset and Deeti
B 2 - 5	NO	Sequentially list conditions,	b. Cert DUE TO (OR AS	b4	O U	710	ulnh	He	eed	d n	1-	4 des
cate be recut c prior to burie er traumatic	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. Justo (OR AS	te	nio	ے د	leno	13.				
the death contains be the attended by Mental Hygiene prior be traus	ERTIF	that initieted events resulting in death) LAST	d	1	7	-						
465	MEDICAL C	PART II. Other algorificant condition	na contributing to deeth	but not	resulting in the	underlyin	g cause given in		PERFORME	D?	CO	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
he law requires that has been signed begt. of Health and 23 shows any		,						_			1 [YES 2 NO
V: The law cate has t State Dept Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-		LACE OF DEATH (Ch	eck only one)				
SICIAN: The certificate the State i, or item	YSI	1 VES 2 NO	1 Inpatient 2 ER/Ou		DOA 4-8	- T	ne 5 🗆 Residence	6 Other (Sp	pecify)			
The this	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DEŞCRI	BE HOW INJU	URY OCCURE	D	
TTEND TOR: A after d	ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	RY — At h	ome, farm, street,	factory, offic	CS		ON (Street and own, State)	Number or R	ural Route	Number,
# 25 k	COMPLET	need -	BICIAN: To the best of my kno ER: On the beals of examinat								use(s) an	d menner as stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				onth, Day, Year)					
TO THE HOSPIT TO THE FUNER DE filed within 7	TO BE	30, NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	DEATH (IT)	EM 27) (Table Print)		#D020	26		>	10	0/2/90
		FEDERICO G. AF					BERLIN	, MD.	218	11		

1 - STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, L		~	(II) T T T T T T	D 2 CT			MON		AY 1 O O O	YEAR	TIME OF DEAT
	JOHN 4. SOCIAL SECURITY NUMBER	JAMES I s. sex	6. AGE (In yrs. In	TEIN			IF UNDER 24 H	0C	t. 2,	1990		: 35 NCE (State or Fo
	THE RESIDENCE STREET	1 XM 2 F		YRS.	MONTHS	DAYS		IN. (Mo	nth, Day, Year)		Country)	
	216-66-9492		35.		9b. CITY	, TOWN	OR LOCATION		-27-19		Mary.	
SR	Stella Maris	Hospice				Tow					timor	
5	RESIDENCE OF DECEDENT			1 30 30								
DIRECTOR	New York	ONTY			W YO		TION					d. INSIDE CITY
	100. STREET AND NUMBER			146	w IO		of, ZIP CODE			10n CITIZ		YES 2
RA	320 West 17th	Street	Apt. 5	RE			10011-	5007		U.S		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	ARMEO		WAS DE	CENDENT OF H	ISPANIC ORIG				American Indi
ВУ	Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR OATES	47.			s XIX но				Specify: Whi	+ 0
ED	15, DECEDENT'S		18a. C	DECEDENT'S	USUAL O	CCUPAT	ION	10	Sb. KIND OF BU	JSINESS/INDU		LE
	(Specify only highest g Elementary/Secondary (0-12)	grade completed) College (1-4 or 5		(Give kind of ite. Do NOT u	work done (ise retired.)	during m	lost of working					
APL	12 Years	6 month		hef					Resta	auran	t	
COMPL	17. FATHER'S NAME (First, Middle, Last						18. MOTHER		, Middle, Melder	-		
BE		D.	Steinb	ache.	r		Μ.	Jeani	nette	Fle	isch	mann
2	19e. INFORMANT'S NAME (Type/Print)						end Number or					
	Louis D. Stei	nbacher					Ave. M		7			
	20e. METHOD OF DISPOSITION Comparison C	Removal from State	other	piace)			emetery, cremato			OCATION — C		
	4 Donation 5 Other (Specify)	E LICENSES.	_ Gar	dens			ith Ce		гу [ва]	Lto.C	O., Ma	aryıa
	* Yahn K	Dala	N				liam E Lock					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. AQUIA	RED I	MMC	INE OF):	DI	EFIC	IEN	cy 3	YNDA	ome	Onset a
RTIFICATION	disesse or condition	b	O (OR AS A CONS	MM (OF): OF):	D	EFIC	IEN	/cy 3	YNDA	Come	Onset at
AL CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONS O (OR AS A CONS	EQUENCE O	DF): DF):				24a. WAS A		24b. WE	Onset at
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigate in investigate investigate investigate investigate in investigate investigate in investigate investigate in investigate investigate in investigate in investigate investigate in inves	b. DUE TO c. DUE TO d. DUE	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O deeth but not ER/Outpettent OF INJURY Dey, Year) OF INJURY G, etc. (Specify) of my knowledge, examination end/o	EQUENCE OF THE PROPERTY OF THE	OF): OF): In the ur OTHEL A Nur ME OF JURY M street, fact In the ur	26. If P: reling Ho 26c. If I Laboratory, off	PLACE OF OEAT THE 5 Reald SJURY AT ORK? YES 2 N Ice te end place, er death occured	TH (Check only ence 8 20 0 28d. E	24a. WAS AI PERFO 1 YES one) ther (Specify) PESCRIBE HOW OCATION (Street) ty or Town, Stand	N AUTOPSY PRIMED? 2 IN NO HOSPI INJURY OCC t and Number of the state and due to the 29d. DATE	24b. WE AM COOP OF 1 [I]	Onset at
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

20,272

BALLIMORE, MARILAND	24 nours after death. Page 6 may be retained by the hos	rilled in by the funeral director, page 5 should be detachetion, or removal.	the medical examiner must be notified at once.
10 ISIN	licitie be excuted within	completely completely infal, cremat	per traugatic event,
DIVISION OF VITAL RECORDS, F.O. BOX 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The terr receivement that the description of the hospital of the hospital or the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been agreed by the answern properties of silence of the form of the funeral director; page 5 should be detached filed within 72 hours after death with the State Dect. of Health and Remail Funeration, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or were traupatic event, the medical examiner must be notified at once.

BALTIMORE,
31. DATE FILED (MORTH, Day, 1604)

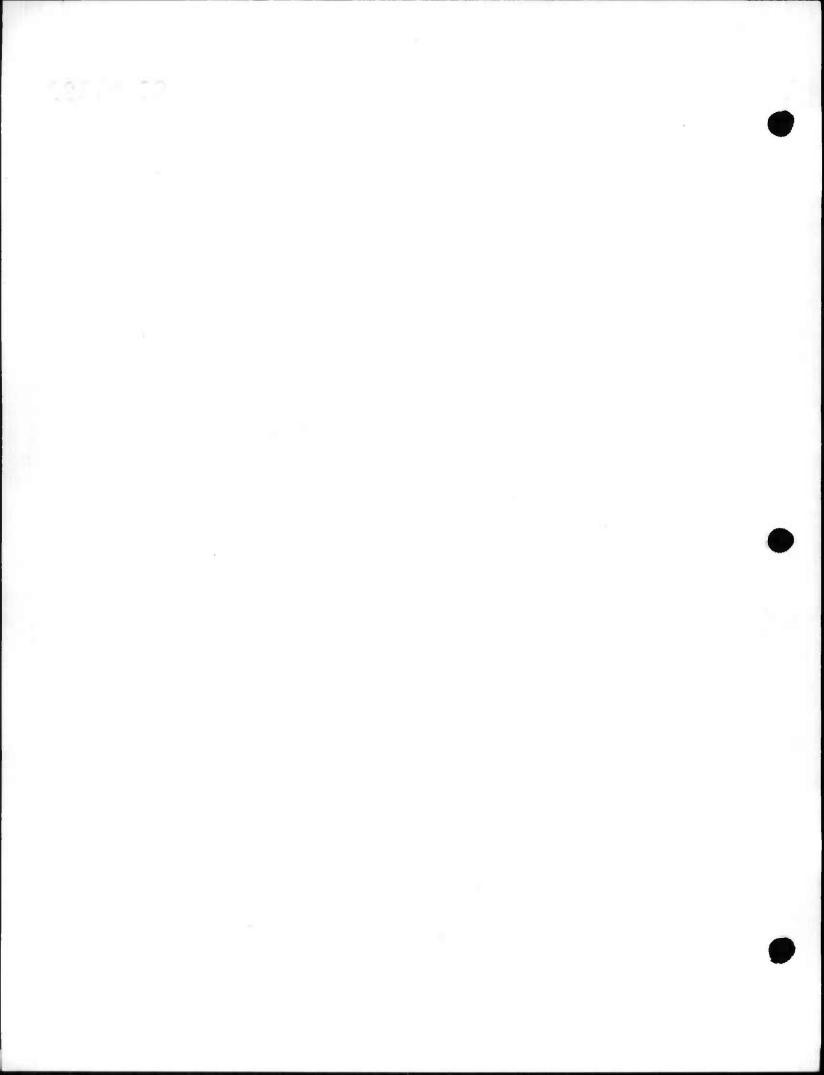
OCT 05 1990 Ju

9a. FACILITY NAME (If not institution, give strict 6613 Bowman Hill RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	S. SEX 8. A 1 M 2 XX net and number)	GE (in yrs. lest birthde	MONTHS D		10/3/90		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 237-34-4550 9e. FACILITY NAME (If not institution, give stre	S. SEX 8. A 1 M 2 XX net and number)		MONTHS D		10/3/90		11-0 "			
237-34-4550 Se. FACILITY NAME (If not institution, give str	1 M 2 NF ent and number)		MONTHS D		7. DATE OF BIRTH	Lati				
9a. FACILITY NAME (If not institution, give str	net and number)	6/ YAS		AYS HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
The second of th					7/9/23		North Carolin			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					HTABO	9c. COUNTY Balt	of DEATH			
10a. STATE 10b. COUNTY				Woodlawn						
** H 3 c 4 1 1 1 7	1.		CITY, TOWN OR				10d. INSIDE CITY LIMITS?			
Maryland Ba	altimore	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Voodlaw	n			1 TYES 2 NO			
10e. STREET AND NUMBER	D .			101. ZIP CODE			OF WHAT COUNTRY?			
6613 Bowman Hill	Drive			21207		Unit	ted States			
10e. STREET AND NUMBER 6613 BOWMAN Hill 11. MARITAL STATUS 1 Nover Married 2 Married \$\lambda \lambda \lambda \lambda \text{Divorced}	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 NO	H y	B DECENDENT OF HISP is, specify Cuben, Mexic YES 2 NO Spec		s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDEN	T'S USUAL OCCI	JPATION na most of working	16b. KIND OF BU	SINESS/INDUST	TRY			
15. DECEDENT'S EDUC (Specily only highest grade of Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Ma. Do NO	T use retired.)	ng most or working						
	3 years	Acco	ountant		S.S.					
17. FATHER'S NAME (First, Middle, Lest)					IAME (First, Middle, Maider	Surnama)				
Robert E. Key	yes			Eva						
198. INFORMANT S NAME (NPONTIN)					AMLING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 56 Pittston Circle Owings Mills, MD 2					
Caror Dunkerry										
20e. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	other place)		of comotory, crometory or e Park Cen	1 1 C C C C C C C C C C C C C C C C C C	oodlawi				
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			ME AND ADDRESS OF I						
James B	: Cover	+		ring Byers 28 Liberty	Funeral H	ome dallsto	own, MD 21133			
23. PART I. Enter the diseases, or control of the second sec	Ist only one cause of	on each line.		mode of dying, su		iratory arreat	Approximate Interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	contributing to dea	th but not regultir	na la the unde	rtylna ceuse alven l	n Part I. 24s, WAS A	VALITOREY	24b. WERE AUTOPSY FINDINGS			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH						RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (Check only one)					
1 YES 2 NO	1 Inpetient 2 ER			g Home 5 🗌 Residence	T					
	28a. DATE OF INJI (Month, Day, Y	28d. DESCRIBE HOW	INJURY OCCUR	IED						
3 Suicide B Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, far (Specify)	m, street, factory	, office	281. LOCATION (Street City or Town, State		Rurel Route Number,			
29e. CERTIFIER (Chack only price) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated.										
29a. CERTIFIER 1 CERTIFYING PHYSIC (Chack Only 2 MEDICAL EXAMINE)	A STATE OF THE PARTY OF THE PAR		- 11				ause(s) and manner as stated.			
Check buly T CERTIFYING PHYSIC	: On the basis of exami	M.D.	- 11		he time, date and place, e	29d. DATE S	GNED (Month, Day, Year) A 4 0 9 0			

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האופוסו כן אווער וורכסווסמי	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death confidence	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended to the attended by the attended to the find within 72 hours after death with the State Dect. of Health and Mental Montain	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other tra-
	that	th an	апу
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	J ME	Dent.	23 \$
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	1 - STATE OF MAP		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	90 27299							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH							
	DOROTHY	PERKI	INS SCOTT	9 25	90 8:07 A M							
		Mod	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	438-28-1612 1 M 2 M F	66 YRS.		11-27-23	NEW ORLEANS							
<u>ا</u> ي	9e. FACILITY NAME (If not institution, give street end number)	96	L CITY, TOWN OR LOCATION OF C		COUNTY OF DEATH							
DIRECTOR	4305 Garrison Boulevard		Baltimore (City								
	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY LIMITS?							
	MARYLAND	BAL	TIMORE CITY		1 X YES 2 - NO							
몵	10e. STREET AND NUMBER		10f, ZIP CODE		g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	4305 GARRISON BOULEVAR			21215	USA							
	1 Never Married 2 X Married FORCES? 1	YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic	can, Puerto Rican, etc.)	Black, White, etc.							
B	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 TYES 2 X NO Spec	eny:	Specify: BLACK							
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	UAL OCCUPATION done during most of working	16b. KIND OF BUSINE								
	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use re	stired.)									
COMPLETED												
응	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	IAME (First, Middle, Maiden Surr	name)							
H	BERNARD HIMELSTETTER 190. INFORMANT'S NAME (Type/Print)	105 1148 1110 40	DRESS (Street and Number or Rura	PERKINS	The Cordes							
임	ROBERT SCOTT											
	20. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSITION	ARRISON BLV ON (Name of cometery, cremetory or		MD 21215 ION — City or Town, State							
Н	1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	WESTERN	STAR CEMETE	RY CATO	NSVILLE, MARYLAN							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F	FACILITY								
1	Keray O. Ou	all			FUNERAL HOME							
	23. PART I. limter the diseases, or complications that co	used the death. Do not		TY HEIGHTS ich as cardiac or respirate								
	shock, or head fallure. List only one cause IMMEDIATE CAUSE (Fine)	on each line.			Interval Between Onset and Death							
	disease or condition	clerotic Car	diovascular D	1 50250								
		AS A CONSEQUENCE OF):	.arovascarar_p.	<u> </u>								
Z	Sequentielly list conditions,											
I E	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):										
윤	CAUSE (Disease or injury C.	AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST											
	DATT II. Other similiant condition contribution to do	ath hut and a subtract to	the made dident accordance to	- m 1	manay Last Memoral Company							
정	PART II. Other algnificant conditions contributing to de-	ath but not reauting in t	the underlying cause given i	PERFORME	D? AMAILABLE PRIOR TO							
MEDIC				1 🗆 YES 2 💢	NO OF DEATH?							
				- INQUIR	Y 1 TYES 2 NO							
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)								
100 E	EXAMINER? HOSPITAL:		OTHER:									
¥	27. MANNER OF DEATH 280. DATE OF INJ	IURY 28b. TIME C	OF 28c, INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED							
	XXXNetural 5 Pending (Month, Day, 1	(har) INJUR	WORK? M 1 YES 2 NO									
2 Accident investigation 28a PLACE DE IN ILIES At home form street factory office. 284 LOCATION (Street and Number or Burel Route Mumber												
U 4 Homicide determined building, etc. (Specify)												
Ī			29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.									
PLETEC	4 Homicide datermined 29s. CERTIFIER 1 CERTIFIVING PHYSICIAN: To the heat of STU	knowledge, death occurred a	at the time, date end place, end d	ue to the cause(e) end menner	ee stated.							
OMPLETE	4 Homicide datermined 29s. CERTIFIER 1 CERTIFIVING PHYSICIAN: To the heat of STU											
E COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my			he time, date end place, end d								
BE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of exam		in my opinion, death occured at ti	he time, date end place, end d	ue to the cause(a) end manner as stated.							
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of exam	instion end/or investigation,	in my opinion, death occured at the 29c. LICENSE N	he time, date end place, end d	ue to the cause(a) end manner as stated. Bd. DATE SIGNED (Month, Day, Year)							
BE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MARGARITA A. Korell, M.D.	onetion end/or investigation, in the control of the	in my opinion, death occured at at 29c. LICENSE N	he time, date end place, end d	Det. DATE SIGNED (Month, Dey, Wer)							
BE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MARGARITA A. Korell, M.D.	onedion end/or investigation, DF DEATH (ITEM 27) (Type, Pr	in my opinion, death occured at at 29c. LICENSE N	the time, date end place, end d	Det. DATE SIGNED (Month, Dey, Wer)							



unted within Z-nours after death, Page 6 may be retained by the hospital or attending physician. I sompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into, cremation, or removal. alle event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If I leem 28 is marked, or Item 23 shows any Injury, or FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27300 90

REGISTRAR	CER	TIFICATE O	F DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Lag)	SUETA	7		2. DATE OF DEATH	-1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 209-18-3618	6. SEX 6. AGE (In yrs. last blet	res. IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	126 +	BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre 1 BOOTHAM	et and number) COURT	9b. CITY, TOW	N OR LOCATION OF DE	ALL.	BA. COUNTY	OF DEATH CO.
MD BAL	10,00.	PERR	CATION HAL	_		10d. INSIDE CITY LIMITS? 1 YES 2 NO
1 BOOTHAN	COURT		211 a	28	10g. CITIZEN	S.A.
1. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes,	DECENDENT OF HISPAI specify Cuban; Mexica IES 2 NO Specifi		es or No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give ki	ENT'S USUAL OCCUP! ind of work done during NOT use retired.)		AME	SINESS/INDUS	EPT. STOR
7. FATHER'S NAME (First, Middle, Last) JOE W/N	CHOWSKY	04) = 4	18. MOTHER'S NA	ME (First, Middle, Malde)	SIABI	1
BO. INFORMANT'S NAME (Type/Print)	ECORDS 196. M	SAME	et and Number or Rural	Route Number, City or To	wn, Stelly Zip Co	de)
6s. METHOD OF DISPOSITION W Burlet 2 Cremation 3 Remot Donation 5 Other (Specify)	rel from State GAP	DISPOSITION (Name of	comptery, cramatory or	H PC	SEDA	OF TOWN State MD.
1. BIGNATURE OF FUNERAL SERVICE LICE	. f. gair	EV	AND ADDRESS OF FA	TAPEL	OF M	hemories
MMEDIATE CAUSE (Final ileases or condition esuiting in death)	propilications that chased the death let only one cause on each line. DUE TO (OR AS A CONSEQUE!	e Pan	mode of dying, suc		piratory stream	t, Approximate Interval Batweer Onset end Deatl
Sequentielly list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUE	NCE OF):				
resulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):				
PART II. Other significent conditions	contributing to death but not resu	iting in the underly	ying cause given in		PIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (C)	neck only one)		
	1 Inpatient 2 ER/Outpatient 3 I	DOA 4 Nursing P Bb. TIME OF 28c.	injury at work? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUP	RED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)			281. LOCATION (Stree City or Town, State	t end Number or	Rural Route Number,
and a	IAN: To the best of my knowledge, death to On the basis of axamination and/or inve-					
96. MONATURE AND TITLE OF CERTIFIER	Hyrrer		29c. LICENSE NU			HIGNED (Month, Day, Year)
DE MICHAE	IL PURTE	(Type, Print)				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contact and the death contact and the	H	be filed within 72 hours after death with the State Dept. of Health and Mental Hygerin con in	season contract of the season
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OCT 05 1990

DECIDENT NAME (PILL ASSOCIATION CONTINUE) SECRETARY NAME (PILL AS		1 - STATE REGISTRAR	STATE OF I	/MARYLAND / CE			T OF H				IYGIENI REG. NO.	E 9	0 2	7301
SOAL SCIENTY NUMBER S. SEX A AGG (IT IN A SET PRIVATE) PRIVATE PRIVA		1. DECEDENT'S NAME (First, Middle, Last)	()		7							Υ		TIME OF DEATH
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TO STREET AND NUMBERS The Comment of Property The Comment of Prop	e o	LEVIN DAL	t		BALTIMORE									
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TO STREET AND NUMBERS 10. STREET AND NUMBERS 10. STREET AND NUMBER	E I	m) B	ALTIMORE				BAL!	TIMO	RE				11	
Secondary Second	3AL						10f.	ZIP CODE		20		10g. CIT	IZEN OF WHAT	COUNTRY?
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ABRAHAM SOLOWO SEIGEL STARY UNDERVISION PROPERTY ALL PROPERTY AND ADDRESS (Disease and Number or Plant Plant Windows City or Pown, State 20 Colon) MR. ALLEN SEIGEL SOB, METRIO OF DISPOSITION NR. ALLEN SEIGEL SOB, METRIO OF DISPOSITION SOL METRIO OF DISPOSITION SOL METRIO OF DISPOSITION SOL METRIO OF DISPOSITION SOL METRIO OF DISPOSITION SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 21. SHAME AND ADDRESS OF REALITY SOL LEVINSON & BROS., INC. GOILD REISTERSTOWN RD. BALTO., MD 22. MANE AND ADDRESS OF REALITY DUE TO (ON AS A CONSEQUENCE OF): AND ADDRESS OF REALITY DUE TO (ON AS A CONSEQUENCE OF): AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALITY SOLUTION AND ADDRESS OF REALIT		1 Never Married 2 Married	FORCES? 1	YES 2 X		- 1	If yes, spe	cify Cuba	n, Mexicar	n, Puerto Rica	n, etc.)	or No—	Black, Wi	hiter etc.
ABRAHAM SOLOWO SEIGEL 196. MALEON SEIGEL 197. MALEON SEIGEL 196. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197. MALEON SEIGEL 197	日日			16a. DE:	CEDENT'S	USUAL C	CCUPATIO	oN st of worldn	ng	16b. KII	D OF BUS	INESS/IN	DUSTRY	
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MR. ALLEN SETGEL MR. ALLEN SETGEL CAUSE PLACE OF DISPOSITION AND ALLEN SERVICE UCINESE		ABRAHAM SOLOM	ON SEIGE	L					M	ARY UN	KNOW	N		
20. METIND OF DISPOSITION 21. METIND OF DISPOSITION 22. MANUAL 2 Commission 3 Removal from State 22. MANUAL 3 Commission 3 Removal from State 23. MANUAL 3 Commission 3 Removal from State 23. MANUAL 3 Commission 3 Removal from State 24. Description 3 Chemoval from State 25. SIGNATURE OF PURPHAL SERVICE LICENSEE 27. MANUAL MAN ADDRESS OF FACULTY 28. MANUAL SERVICE LICENSEE 28. MANUAL SERVICE LICENSEE 29. SIGNATURE OF PURPHAL				100										
Comment Comm										۷ الالالا	_			State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 33. PART I. Before the diseases, or complications this caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interest failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition. IMMEDIATE CAUSE (Final disease or condition. If any, leading to immediate caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interest Baltween Onset and Death DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. If any, leading to immediate cause the property of the cause of the	8	1 XBurial 2 Cremation 3 Rem	oval from State	other ple BETH	EL	MEMO	RIAL	PAR	K					
Approximate Section		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				NAME AN	ID ADDRES	SS OF EAC	AUTIC	BBC	S T	NC	
23. PART I. Botter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYNING CAUSE (Disease or injury that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly that infitiated events roughly represented by the roughly represented by represented by the roughly represented by the roughly represented by the roughly represented by the roughly represented by the r	gyon	> Your 19	Later	NA										D 21215
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Alternative of the conditions of the	H		d											
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Status Post Coronary by past Singery 1 YES 2 NO	<u>≥</u> 3	_	7	1 4	1 1				1	15.0			co	MPLETION OF CAUSE
2 Accident Investigation 28c. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number; City or Your, State) 29a. CERTIFIER Check only one 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year) 29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 327 + TWARE 200. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 327 + TWARE 201. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 327 + TWARE 202. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year) 29d. DATE SIG	MED	with Status	Post 1	Corona	24	60	pa	22	Sm					
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3 Gold not be determined 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 3 Gold not be determined 20c. LiCense factory, office (City or Town, State) 20c. LiCense and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 29c. LiCense Number (Check only one) 29c. LiCense Number (Check only one) 29c. LiCense Number (Check only one) 29d. DATE SIGNED (Month, Day, Vear) 29d. DATE SIGNED (Month, Day, Vear) 29d. DATE SIGNED (Month, Day, Vear)	Y P	I bear attending	(Month, I	Day, Year)	IN	JURY] NO					
296. SIGNATURE AND TITLE OF CERTIFIER ATTENDING PHYSICIAN D256.10 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Your) 10 - 1 - 90 297. DATE SIGNED (Month, Day, Your) 298. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 299. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day, Your) 291. DATE SIGNED (Month, Day, Your) 292. LICENSE NUMBER 293. LICENSE NUMBER 294. DATE SIGNED (Month, Day, Your) 295. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Your)	3 Suicide 8 Could not be determined 228e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							•					er or Runal Route	e Number,
296. SIGNATURE AND TITLE OF CERTIFIER ATTENDING PHYSICIAN D256. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Your) 10 - 1 - 90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 297. LICENSE NUMBER 298. LICENSE NUMBER 299.	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as									nd manner as stated.				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print) SET HTWAR	296. SIGNATURE AND TITLE OF CERTIFIER APPLICACION (Month, Day, Voor)								onth, Day, Year) - 90					
1 17 CHOLING TO THE PROPERTY AND THE RAIGINGER MIN 21215	- 2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Typ	e, Print)	25	TH	TW	AR.		~		
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death or michin in

0		FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAN		TMENT OF		MENTAL HYGIEN	L	0 27302		
		1. DECEDENT'S NAME (First, Middle, Last)	Genevi	eve ((Sue)	Singo	-	2. DATE OF DEATH 10-03-9	δ YE	3. TIME OF DEATH 12:00P M		
		4. SOCIAL SECURITY NUMBER 216-18-6480	5. SEX 1 M 2 F	8. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	1924	BIRTHPLACE (State or Foreign Country) Varvland		
	OR	96. FACILITY NAME (If not institution, give st CHURCH HOSPIT.		ORAT			OR LOCATION OF D	EATH XXXX CITY	9c. COUNTY	W		
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD			10c, crt BZ	LTIMO	TOWN OR LOCATION 10d. INSIDE CITY 10d. INSIDE CITY LIMITS?					
	FUNERAL	100. STREET AND NUMBER 128 S. CASTLE	STREET				21231		1376	OF WHAT COUNTRY?		
	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 D Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 PNO	If yes,		NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) fly:		RACE — American Indian, Black, White, etc. Specify: White		
	PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)						18b. KIND OF BUS	siness/indust	TRY		
or removal. medical examiner must be notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) John Gromek						ME (First, Middle, Melden Surmame) ine Stankoska				
a notifie	TO B	190. INFORMANT'S NAME (Type/Print) Mrs, Paula J.	Rippel					Route Number, City or Tow Balto.,				
must b		20e. METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State Oak Lawn Cemetery Balto., Md.										
examiner		21. BIGMATURE OF FUNERAL SERVICE LIC	ENSEE (,		22. NAME H S	and appress of artley N	filler Fu	neral Balto	Home ., Md. 21234		
the the		23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
Mental Hygene prior to burtal, crema jury, or other traumater event,	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
of Health and Mental shows any Injury,	: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF										
State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpati	lent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	Sheck only one) 8 Other (Specify)				
marked, or	Y PHY	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY	28b. TII	ME OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	NED		
after d	TED B	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE O building,	F INJURY — etc. (Specify	At home, farm,	street, factory, o	ffice	28f. LOCATION (Street City or Town, State	and Number or :	Rural Route Number,		
2 =	OMPLE	one)						se to the cause(e) end me se time, date end place, e		ause(e) and manner ee stated.		
be filed within	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	CLOO	7- 1	, 471)		29c. LICENSE NI	UMBER	29d. DATE SI	IGNED (Month, Day, Year)		
	2	30. NAME AND ADORESS OF PERSON WI	O COMPLETEO CAUS	SE OF DEAT	H (ITEM 27) (Typ	e, Print)		1 1		7		

Jula Davidson-Hande 12

OCT 05 1990

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BALI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demonstration within 2 - fours after death,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of the completely filled in by the funer has find within 72 hours after death with the State Dect. of Health and Mental Manual and Lindau Mills.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other communic event, the medical exami
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PH	er thi	Jark
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30. NAME AND ADDRESS OF PERSON WHO COMPLETE SUS RIVERA

31. DATE FILED (Month, Day, Your)

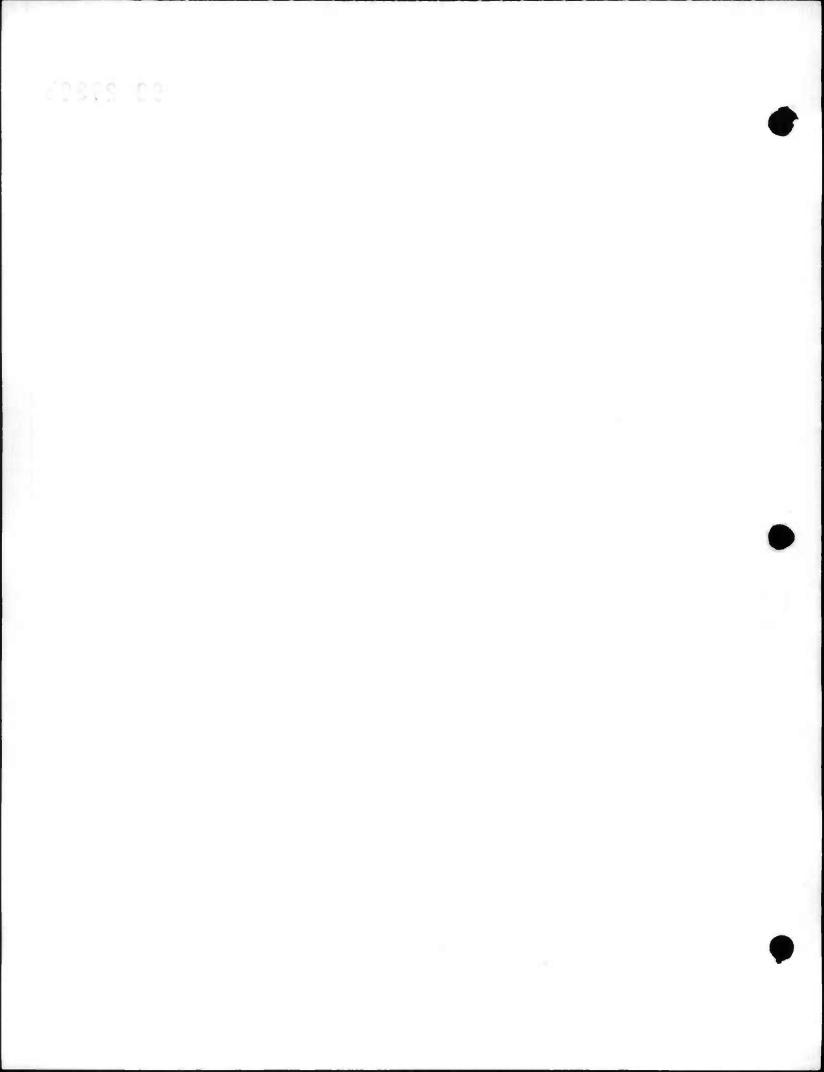
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item 28 is marked, or item 23 spLETED BY PHYSICIAN:	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d			City or Town, Sta	te)	r Rural Route Number,					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Check only one) ### Other (Specify) 28d. DESCRIBE HOW	HOSDÍ									
23 shows any infa	HIVT				1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
AL CE	PART II. Other algnificant conditions	contributing to death but not	resulting in the	underlying cause given i		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
event, the	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. at di or sulmon and a consequence of: End, Stack rough disease											
medicai exar		mplications that caused the dat only one cause of each line	eath. Do not ent	1300 Eutav	Pl. Balto	o. Md.	21217					
examiner must	Donation 5 Other (Specify) Loudon Park Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Donation 5 Other (Specify) Loudon Park Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A.											
9	Margaret Talbot 2000 Odell Ave. Balto. Md. 21237 Apt. 1											
BE at	17. FATHER'S NAME (First, Middle, Lest) GOSSIE Talbot 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Furst Route Number, City or Town, State, Zip Code)											
once. COMPLETE	(Specify only highest grade co. Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Sive kind of work dor b. Do NOT use retired Social	Worker		Lto. D.	S.S.					
ED BY F	Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	IF YES, GIVE WAR OR DATES	ECEDENT'S USUAL	OCCUPATION Spec		USINESS/INDUS	Specify: BLACK					
FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. AF		212,17. 3. WAS DECENDENT OF HISPI If you, specify Cuben, Mexic		U .	S. A. American Indian, Black, White, etc.					
		more city	5	timore 101. ZIP CODE	City	10g. CITIZE	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?					
DIRECTOR	Univ. of UD. Hosp. Baltino											
	9a. FACILITY NAME (If not institution, give stree			TY, TOWN OR LOCATION OF I			Y OF DEATH					
	4. SOCIAL SECURITY NUMBER 5	7. DATE OF BIRTH (Month, Dev. Year)	1.	BO 7:39 A M BIRTHPLACE (State or Foreign Country)								
	1. DECEDENT'S NAME (First, Middle, Last)	TALBOT			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending be fined within 72 hours after death with the State Dept. of Health and Mental Hygies IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE			T OF H E OF				HYGIENI REG. NO.	E 9	0	27304
	1. DECEDENT'S NAME (First, Middle, Last)		77- ll						2. DATE OF MONTH	DEATH		YEAR	. TIME OF DEATH
	RUVIN 4. SOCIAL SECURITY NUMBER	5. SEX	Volynsky 8. AGE (in yrs. lasi		IF UNDE	N 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	T		9:30 A M ACE (State or Foreign
	212 -0 4-9875	1 □ M 2 □X=	87	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY	15,1	903	Country)	USSIA
_	9a. FACILITY NAME (If not institution, give at				9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DEA	тн
DIRECTOR	6700 Blk. Re	eistersto	wn Rd.		<u> </u>	Bal	timo	re (City				
띪	10e. STATE 10b. COUNTY	1				OR LOCAT						1	Od. INSIDE CITY LIMITS?
	MARYLAND 10e. STREET AND NUMBER				BALT	IMOR	E ZIP CODI	-			10a CITIZ		X YES 2 NO
BAL	3601 FORDS LA., A	PT. 605				101.	ZIF CODI	212	15		log. Giria	USA	AI COOKTAIT
BY FUNER	11. MARITAL STATUS 1 Never Married Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARI YES 2 X WAR OR DATES	MED	13.		ecify Cube	F HISPAN n, Maxica	IIC ORIGIN? (n, Puarto Ric		or No—	14. RACE -	- American Indian, White, etc. WHITE
once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GI	CEDENT'S Ive kind of Do NOT u	work done	during mos	ON al of workin	19	16b. K	IND OF BUS	INESS/IND	USTRY	
¥ P	8				LABO	ORER					EET M	IETAL	
5 S	17. FATHER'S NAME (First, Middle, Last) GEDALLYA VOL	YNSKY					18, MOT		ME (First, Mid ETH	idie, Maiden UNKNO			
ified a	19a, INFORMANT'S NAME (Type/Print)	TIADIAT	198	b. MAILING	ADDRES	S (Street a	nd Number	-	Route Number			Code)	
10	MRS. KHAYA VOLYNS	KY		36	01 F	ORDS	LA.	, APT	. 605	BAL	TO., M	1D :	21215
ts l	20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Ram	oval from Stata	other pla	ther place)							ATION — City or Town, Stata		
E I	4 Donation 5 Other (Specify)	CENSEE	_ B	ALTI		NAME AN	ID ADDRE						
mexa	· Jan J	111112-		SOL LEVINSO 6010 REISTER							-		D 21215
any injury, or other the medical examiner must be notified at once. TO BE COM	23. PART I. Enter the biseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Be interva											Onset and Death	
any inju	PART II. Other significent condition	na contributing to	contributing to death but not resulting in the underlying ceuse given in					given in	PERFORMED? 1 □ YES 2 🔀 NO			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \) NO	
23 s	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF F	SEATH (C)	neck only one)				
or item 23 shows YSICIAN: ME	EXAMINER? 12 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE 4 No	R:			8 X Other		5700 1	Blk.	Reisterstow
marked, or BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF		286. TI	ME OF JURY M		IURY AT ORK? YES 2 [□ NO	28d. DESCRIBE HOW INJURY OCCURED				Rd :
28 is TED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, farm,	atreet, fo	ctory, offic				TION (Street Town, State,		or Rural Ro	ute Number,
IMPORTANT: If item D BE COMPLE	29a, CERTIFIER 1 CERTIFYING PHYS	ER: On the basis of e											and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CHROICE	p					29c. LIC	ENSE NU			29d. DAT		Month, Day, Year)
10 T	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAL	ISE OF DEATH (ITE	M 27) (7/c	e, Print)			OC	ME				10/2/90
	Frank J. Per					Penn	St.			Balti	more	, Md.	21201
	31. DATE FILED (MORITY, Day, Year) OCT 0 5 1990		AR'S SIGNATURE										
	nr nr 1220	0		-	. 2								DHMH-18 Rev 1/89



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Richard Bennett,
31. DATE FILED (Month, Day, Year)
OCT 05 1990

M.D.

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Suna Devidoor Mandale

Francis Scott Key Medical Cemter

,	FOR STATE STATE	TATE OF MARY		PARTMENT			MENTAL HYGIEI		0 27305		
ļ	1. DECEDENT'S NAME (First, Middle, Last)	3. VO		IIIOAII	_ 01	DEATH	2. DATE OF DEATH	DAY	3. TIME OF DEATH		
		SEX 6. AG	E (in yrs. last birtho 94 YR	S. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-14-1	395	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	98. FACILITY NAME (If not institution, give street of Lonion Frankford Nursing RESIDENCE OF DECEDENT		tation		town o	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland			Baltir		ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1647 Woodbourne Ave					ZIP CODE 21239		U.S.A			
BY FUI	1 News Married 2 M Married	WAS DECEDENT, EVER FORCES? 1 X YE IF YES, GIVE WAR OR WW I	S 2 NO		II yes, spe	ENDENT OF HISPAN helfy Cuben, Mexican 2 NO Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.) :		I. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	ON	(Give kin life. Do N	NT'S USUAL Of of work done OT use retired.)	during mo	N st of working	165. KIND OF B				
BE COMF	17. FATHER'S NAME (First, Middle, Last) Frank Votta		Trirei	Tyllte		16. MOTHER'S NAI	ME (First, Middle, Maide		.y		
TO B	190. INFORMANT'S NAME (Type/Print) Lorraine M. Duggan						Number, City or Royal Balto.,				
	20a METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		Holy Rec	deemer	Cem	. 10-5-9	90 B	alto.,	ty or Town, State Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS ROY H. Cather					J. RUCK, I		rford Rd	.,Balto.,Md. 21214		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
z	disease or condition resulting in death) a. Previous Z DUE TO (OR AS A CONSEQUENCE OF): Previous Z Contosion										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIF	that initieted events resulting in death) LAST										
DICAL	PART II. Other algolificant conditions co	ontributing to deat	h but not resul	ling in the u	nderlyin	g cause given in		AN AUTOPSY ORMET? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				00.00	ACE OF GENTH ON			1 TYES 2 NO		
SICI	EXAMINER?	OSPITAL:	Outpatient 3 🗆 D	OA OTTE	R:	ACE OF OEATH (Ch	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Yea	90	N. TIME OF INJURY M	1 🗆	YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (5	JRY — At home, t Specify)	erm, street, fa	ctory, offic	•	281. LOCATION (Stree City or Town, Sta		r Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	The second second							d. cause(s) end menner es stated.		
Ш	296. SIGNATURE AND TITLE OF CENTRIES.					DZ3			SIGNED (Month, Day, Year)		

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2		Md.	N/A	Ba	altimore)
permit.	AL	10e. STREET AND NUMBER			101	. ZIP CODE
usit	E	321 Martindale	Ave.			21229
physician. burial-tran	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HIS
ling physician. the burial-transit		1 Never Married 2 Married	FORCES? 1 YE			ecify Cuben, Me 2 (X NO Sc
as the	BY	3 Wildowed 4 Divorced				
the hospital or attending detached for use as the once.		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of w	rork done during mo	ON ast of working
d for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	_	
the hospital detached once.	Ž	17. FATHER'S NAME (First, Middle, Lest)		Homema	rker	1a. MOTHER'S
should be stiffed at	BE	Unknown 19st. INFORMANT'S NAME (Type/Print)		T 405 MAII INC	ADORESS (Street e	Un
retained 5 should notified	2			111		
28 0		Doris S. Kaufman			Chipwood	
6 may ector, pa must b		26s METHOD OF DISPOSITION 16 Burial 2 Cremation, 3 Remote to Donation 6 Other Specify)	oval from State	ob. PLACE OF DISPOS other place) Woodlawn	Cemete:	
		21. SIGNATURE OF FENSAL SERVICE LIC	CENSEE 47	WOOGLEWII		ND ADDRESS O
death. Pag e funeral dir I. examiner		9/	4 1	٨		L. Kau
0 = 0		Lary	d. Lou	forens		Main S
40 0 00		23. PART i. Enter the diseases or c shock, or heart failure.	complications that cause	the death. Do n	ot enter the mo	de of dying,
B o E		IMMEDIATE CAUSE (Finel	Liat only one cause on	each mie.		
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CAL	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:	-
	₹	cause. Enter UNDERLYING	C.			
100	區	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	7):	
eath ce attendin mtal Hyg	田	resulting in deeth) LAST	d			
		PART ii. Other significent condition	a contributing to deet	but not resulting	n the underlyin	a cause alver
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w requires been sign rt. of Healt	Ξ					
23 b	PHYSICIAN:					
E 22 E	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH
SICIAN: The certificate the State i, or Item	YS	1 ½ YES 2 □ NO	1 Inpetient 2 ER/O		4 - Nursing Hon	
PHYSICIAN: this certifical with the Standard, or It	표	27. MANNER OF DEATH	26e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM	E OF 26c. IN.	JURY AT ORK?
DING PHYSI After this c death with s marked,	BY	1 Natural 5 Pending 2 Xaccident Investigation	10/1/90	9:50		77
ATTENDING CTOR: After s after death		3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, opecify)	street, factory, offic	20
DR ATTENDING DIRECTOR: After hours after death Item 28 is ma		4 Homicide determined		home		
	7	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kn	owledge, death occurre	ad at the time, detr	end place, and
HOSPITAL FUNERAL Within 72 TANT: If	COMPLETED		R: On the basis of examina	tion and/or investigation	n, in my opinion,	seath occured a
THE HOSPI TO THE FUNER THE WITHIN		296, SIGNATURE AND BITLE OF CORSESSE	R			29c. LICENSE
THE SEC	BE	11/11/1				OCM
₽ ₽ £ Ξ	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	
		Frank J. Perett			Penn S	t.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 27306 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 90 Wilderson MARTAN 12:25 P C. 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1 🗌 M 2 🔯 F 212-01-0368 YRS. 12/23/10 79 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 321 Martindale Ave. Baltimore City N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc. SPANIC ORIGIN? (Specify Yea or Noxican, Puarto Rican, etc.) ectly: Specify: white 16b. KIND OF BUSINESS/INDUSTRY Home NAME (First, Middle, Melden Surname) known ural Route Number, City or Town, State, Zip Code) Winston Salem, N.C. 27106 20c. LOCATION — City or Town, State Baltimore, Md. F FACILITY fman Funeral Homes Elkridge, Md. 21227 such ee cerdiac or reapiratory screet, **Approximate** Interval Between Onset and Death 24a. WAS AN AUTOPSY n in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 | NO 1 X YES 2 NO (Check only one) nce 6 🗆 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED explosion. Subject victim of natural gas 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 321 Martindale Ave., Balto.City, due to the cause(e) end menner as stated. the time, date end place, and dux to the cause(e) and manner as stated 29d, DATE SIGNED (Month, Day, Year) NUMBER Œ 10/2/90 Baltimore, Md. 21201 31. DATE FILED (Month, Day, Year) 7 1990

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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

0940

CORA

4. SOCIAL SECURITY NUMBER

WHITLEY

IF UNDER 1 YEAR

IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

90

REG. NO. 2. DATE OF DEATH DAY

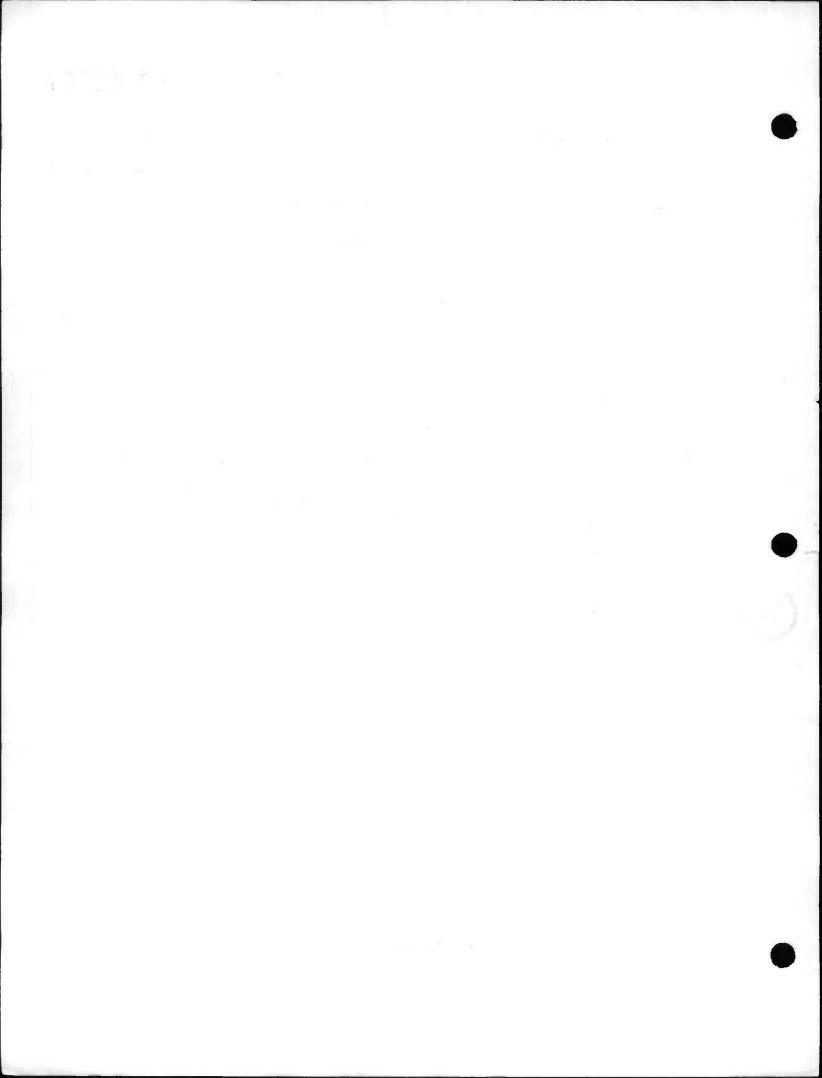
HTHO

7. DATE OF BIRTH

OF VITAL RECORDS, P.O. BOX 18146, BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the darm common or more of within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the international production of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	de within 72 bours after death with the State belt. Or Heatin and Malliar right and the control of reformed to the control of
DIVISION OF VITAL RE	THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	THE FUNERAL DIRECTOR: After this certificate has been	iled within 72 hours after death with the State Dept. of

246-28-0305 1 - M 2 1 12 YRS. CAROLINA 10-10-9e. FACILITY NAME (If not institution, give street end numi 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST AGNES HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10h COUNTY 10d. INSIDE CITY BALTIMORE CITY 1 XES 2 NO MARYLAND 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 USA 4107 WOODRIDGE ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or Noif yee, specify Cuben, Maxican, Puerto Ricen, etc.)
 U YES 2 NO Specify: 11 MARITAI STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Wildowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Melden Surname) MARTHA MORROW WALTER MORROW BE 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 19e, INFORMANT'S NAME (Type/Print) 2 4107 WOODRIDGE ROAD: BALTO., MD. 21229 BONITA WHITLEY 20a METHOD OF DISPOSITION

| Mariel 2 | Cremetion 3 | Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State WESTERN STAR CEMETERY CATONSVILLE, MD. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PAST I. Enter the dischas, or complications that caused the leath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause of each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (FINAL CANDIO PULMONANY disease or condition DRILEST reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): O METASTATION CARCINOMA REVAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - AO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF GEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 🔲 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(a) and menner as stated. 206. BIGNATURE AND TUTE OF CONTINSER 29d. DATE SIGNED (Month. Day, Year) 29c. LICENSE NUMBER u 10/02/90 RESIDENT, INTERNAL MEDICIN P P N 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) . BOUTHORE 900 S CATON AN MO 21229 ELMER HUERZTA C. H 0 32 REGISTRAR'S SIGNATURE
Gulia Davidson-Randall 31. DATE FILED (Month, Day, Year) 5 1990



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dearn artification and within 24 hours after death. Page 6 may be retained by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death and the death of the hosp to retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the after the death of the funeral director, page 5 should be detached.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam entire that the death, and the form after death. Page 6 may be retained by the attempt to THE FUNERAL DIRECTOR: After this certificate has been signed by the attempt of the completely filled in by the funeral director, page 5 should be detacted filled within 72 hours after death with the State Dept. of Health and Afternal the completely filled in by the funeral director, page 5 should be detacted filled within 72 hours after death with the State Dept. of Health and Afternal the completely filled in by the funeral director, page 5 should be detacted.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam entire the within 24 hours after death. Page 6 may be retained by the atom or THE FUNERAL DIRECTOR: After this certificate has been signed by the atom or the completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and After a to the control of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	TAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

90-27308

	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO).	
i	1. DECEDENT'S NAME (First, Middle, Last)	H. WONNE	EMAN		2. DATE OF DEATH	-199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-18-6899	5. SEX 8. AGE (In yrs. 1 M/2 F	/ YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-2-/	8. B	HRTHPLACE (State or Foreign Sountry)
	98. FACILITY NAME (If not institution, give str 13908 BLEN	HEIM RD.	9b. CI	TY, TOWN OR LOCATION OF D	MD.	8c. COUNTY	LTO. CO.
DINECTOR	10a. STATE 10b. COUNTY	170.CO.	10c. CITY, TOWN	OF LOCATION	mD.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONEDAL	13908 BLE	NHEIM,	POAD	10f. ZIP CODE 2//3	/	10g. CITIZEN	S.A.
DI LON	11. MARITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMEO 1	3. WAS DECENDENT OF HISPA If yes, specify Cubar, Maxic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	ea or No— 14.	RACE — American Indian, Blask, White, etc. Specify:
-E1ED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12)	ATION 18a. Completed) College (1-4-or 5+)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working	18b. KIND OF B	JSINESS/INDUST	RY
COMPLE	12	4	-HW	YER			
00 00	17. FATHER'S NAME (First, Middle, Last)	WNEMAN		18. MOTHER'S N.	AME (First, Mijetolo, Maido EN LO	n Sumame)	TAT WISE
2	10a. INFORMANT'S NAME (Typo/Print)	PECARDS	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or To	wn, State, Zip Cod	(6)
	20a. METHOD OF DISPOSITION 1 General Buriel 2 Cremation 3 General 4 General Donation 5 General Other (Specify)	oval from State	CE OF DISPOSITION	(Name of cometery, crematory or AULY MEI	m. GAR 20c. L	COCKE	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee f. ga	in	EVHVS	APEL	OF G	HIMES
	IMMEDIATE CAUSE (Final	onplications that clused the	deeth, Do not entilline.	ter the mode of dying, su	ch es cerdiec pr res	piratory arrest,	Approximate Interval Between Onset and Death
-	disease or condition resulting in deeth)	DUE TO (OR AS A CON	prostate isequence of:	carinoma			11/88-10/90
HILLAHON	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):				
		l					
DICAL.	PART II. Other significent condition	s contributing to deeth but no	ot resulting in the	underlying cause given in	Pert I. 24a. WAS / PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M					_		1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	theck only one)		
PHISICIAN	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatien	t 3 DOA A DI	IER: Nursing Homa 8 Residence	6 Other (Specify)		
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	28d. DESCRIBE HOV	INJURY OCCUR	ED
	1 Natural 8 Pending	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street,	factory, office	281. LOCATION (Stree City or Town, Ste	et and Number or I (e)	Rural Route Number,
COMPLEIED	onel -	CIAN: To the best of my knowledge R: On the besis of examination and					suse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE N	IMRER	204 DATE SI	GNED (Month, Day, Year)
1 25	Alyan Sla	(mynn)		D229	260	10	-4-1990
0	30 NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	YORK RI) Lui	THER	IME
	31. DATE FILED (Month, Day, Year) OCT 05 1990	REGISTRAR'S SIGNATUR	andell				

THE STATE OF THE STATE OF THE STATE OF THE STATE OF DESCRIPTION ASSESSMENT CONTRACTOR S 3711 1 2544 241 2 I Same Think I The 1447 park is suggested in

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E, MAIN EAND 4140-5140	lay be retained by the hospital or attending physician.	r use as the bu	
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	retained	5 should	the middle of annual
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumado event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Memail Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Advirs after death. Page 6 may be retained by the hospital or attending
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3

	1 - STATE OF MARYLAND REGISTRAR) / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	90 2730			
	1. DECEDENT'S NAME (First, Middle, Leel) Thomas And	erson		2. DATE OF DEATH MONTH DAY	1990 3. TIME OF DEATH 1990 11-15 P M			
	4. SOCIAL SECURITY NÚMBER 1. S. SEX 1. M. A. D. G. AGE (In yrs. 1. M. A. D. G. AGE (In yrs. 1. M. A. D. G. AGE (In yrs. 1. M. A. D. G. AGE (In yrs. 1. M. A. D. G. AGE (In yrs. 1. M. A. D. G. AGE (In yrs. 1. M. AGE (In yr	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Va. OUNTY OF DEATH			
TOR	Inns of Evergreen IV W	B	altimos	e Md.	Baltimore			
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OF Bal	timore		10d. INSIDE CITY LIMITS? 1√√YES 2 □ NO			
RAL	10. STREET AND NUMBER		10f. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?			
BÝ FUNERAL	4515 N. ROGERS AVENUE 11. MARITAL STATUS 1 Never Merried 2 Married MX Widowed 4 Divorced WW TT	ARMED 13. W	21215 AS DECENDENT OF HISPA yee, specify Cuben, Mexic YES 2 NO Specify	NIC ORIGIN? (Specify Yee or No- en, Puerto Ricen, etc.) fy:	U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OC (Give kind of work done do life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINESS/	INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) John Anderson		Matti		rson			
TO E	19a. INFORMANT'S NAME (Type/Print) Ms. Carolyn Bryant	4515 N.		Route Number, City or Town, State, enue Balt	zip Coode) O., Md. 21215			
	20b. METHOD OF DISPOSITION 1 Constitution Selection Control of the	Arbutus	ne of cemetery, crematory or		— City or Town, State			
	21. SUMMURE OF FUNERAL SERVICE LICENSEE	Ja	iame and address of FA imes A. Mort 701 Laurens		Md. 21217			
	23. PAT I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lina.	4.		intsrvai Between Onset and Dasth			
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEOUENCE OF):	odes b	tate bone me	tast.			
MEDICAL	PART ii. Other significant conditions contributing to death but no	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER	26. PLACE OF DEATH (C	heck only one)				
HASI	1 ☐ YES 2 ☐ NO	R 3 DOA 4 Nurs	Ing Home 5 - Residence	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY	occipen			
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?	280. DESCRIBE NOW INSURT	OCCORED			
	3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route City or Yown, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge							
BE	296. SIGNATURE AND TITLE OF CERTIFIER Amatum 11- Macer	n	29c. LICENSE NU	MBER 29d. 1	DATE SIGNED (Month, Deg Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((ITEM 27) (Type, Print)	IPH111 <	T BALTO,	MD 21217			
	31. DATE FILED (Month, Dev. Year) She Sevistran's SIGNATUR	1.00	11.17	101,-101				

DHMH-18 Rav 1/89

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-314

attendin	se as	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as	ice.
ed by the	ald be de	ed at or
be retaine	ge 5 shou	e notifie
е 6 тау	ector, pay	must b
eath. Pag	uneral dir	aminer
irs after de	n by the	edical ex
in 24 nou	ely filled i	the m
uted with	complet	ic event
e be exec	siclan and	traumat
certificat	ying phy	r other
the death	the atter	Injury, o
uires that	signed by	IWS any
e law req	has been	23 she
ICIAN: Th	ertificate	or Item
ING PHYS	ther this o	be filed within 72 hours after death with the state begit, of relating and wental hygierie prior to bound, or remova. IMPORTANT: If them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTEND	ECTOR: A	n 28 is
PITAL OR	ERAL DIR	in 72 hou. T: If Item
THE HOS	THE FUN	PORTAN

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR CERTIF					MENT/	AL HYGIEN REG. NO.		90	27310
i,	1. DECEDENT'S NAME (First		M. ADAM	S						2. DAT	E OF DEATH		90°	3. TIME OF DEATN 5:30 pm
	4. SOCIAL SECURITY NUMI 218-18-468	0	5. SEX	1 □ M → F 67 YRS. MONTHS DAYS				IF UNDEF	MIN.	7. DATE (Mor	E OF BIRTH orth, Day, Year) 22/23		e. BIRTH Count Ma	ryland
S C C	9a. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL RESIDENCE OF DECEDENT					96. CITY, T BAL				EATH		9c. COUI	NTY OF D	EATH
DIRECTOR	100. STATE	10b. COUNT				ry, TOWN OR			Ü					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		0.0010			Balti	101.	e zip cod 2123					ZEN OF V	WHAT COUNTRY?
BY FUNERAL	2112 Whist 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	. □Xio	H y	AS DEC	ENDENT (OF NISPAN	n, Puerto	IN? (Specify Yee o Rican, etc.)	or No-		E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION					work done du se retired.)	ring mo	N st of worki	ng	16	Montgo			d
ш	17. FATNER'S NAME (First, A John J. Vo								HER'S NA		, Middle, Maiden rham	Sumeme)		
10 8	Anna G. Vo										mber, City or Tow imore,			
	20e. METHOD OF DISPOSIT 1 Weight 2 Cremetic 4 Donetion 5 Other	on 3 🗆 Rem	oval from State	ott	ACE OF DISPO					k		cation —		
	21. SIGNATURE OF FUHER	AL SERVICE LY	mis	1	,	Hu	bba	rd F		al l	Home, I . Balt	inc.		
	23. PART I. Enter the cahock, or h IMMEDIATE CAUSE (FI disease or condition resulting in death)	heart fellure.	List only one car	on each	line.	tuno	l.		-10				reat,	Approximate Interval Batween Onset and Deeth
ERIIFICATION	Sequentially list condi- if any, leading to imme- ceuse. Enter UNDERLY CAUSE (Disease or inj- that initiated eventa resulting in death) LAS	tiona, ediete /ING ury	b. Brain	(OR AS A CO	DINSEQUENCE (USION OF:								10/7/93
PHYSICIAN: MEDICAL C	-	ant condition	_	deeth but	not resulting	In the und	eriying	g ceuse	given in	Part I.	24e. WAS AN PERFOR	RMED?	241	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL						ACE OF I	DEATH (Ch	neck only	one)			
HYSIC	1 YES 2 NO		HOSPITAL: 1 Pinpatient 2 28a. DATE D (Month),	FINJURY	28b, TI	ME OF 2	ng Hom	URY AT	esidence	100	her (Specify) ESCRIBE HOW	NJURY OC	CURED	
B	2 Accident	Pending investigation Could not be determined	10/ 28e, PLACE	190	At home, farm,	INJURY WORK? 1 YES 2 NO To, street, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State)					Route Number,			
COMPLETED	CONSCR ONLY		EICIAN: To the best of											e) end manner as stated,
BE	296. SIGNATURE AND TITL	E OF CERTIFIE	in .	Array				29c. LIC AS 2	ENSE NU	WBER 28-	774	29d. DAT	E SIGNE	D (Morith, Day, Year)
2	30. NAME AND ADDRESS O	OF PERSON WI	NO COMPLETED CAL	ISE OF DEATH		Agnes	Но	spit	al		Baltim	ore,	MD :	21229
	31. DATE FILED (Month, Day	990	Julia David	AR'S SIGNATO	dell	,								

75	S	_
	detyched for	S
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained to profit the control of the control o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. Of Health and Merital hygiene prior to brinal, cremater or removal. IMPORTANT: If hem 28 is marked or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified a once.

REGISTRAR	SIAIL OF MARI	'LAND / DEPAR' CERTIFI	CATE OF D		REG. NO		27311
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH
Joseph			Anderson	n l	MONTH 1	6 9	0 4:09 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF	F UNDER 24 HRS.	7. DATE OF BIRTH	8.8	AIDTHOLACE (State or Forming
102-01-9697 9a. FACILITY NAME (If not institution, give	1 1 2 F	76 YRS.	9b. CITY, TOWN OR L	OCATION OF DE	7-27-	1914 D	inginia
					AITI		
Anne Arundel G			Annapo.			Anne	Arundel
10e. STATE 10b. COUN	4 / /	10c. CITY	, TOWN OR LOCATION	/.			10d. INSIDE CITY
Mary and lane	ARUNCE!		TUNAD	0/15		-	1 YES 2 NO
160/ m CKe.	AN Ave		for. zii	2/2/	7	10g. CITIZEN	of what country?
11. MARITAL STATUS	12. WAS DECEDENT EVER				IC ORIGIN? (Specify Ye	s or No— 14.	RACE — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YE		If yes, specify		n, Puerto Rican, etc.) :		Black, White, stc.
3 Widowed 4 Divorced						/	Black
16. DECEDENT'S ED (Specify only highest grad		(Give kind of w	USUAL OCCUPATION work done during most of	f working	16b, KIND OF BU	ISINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 8+)	Mo. Do NOT us	/				
		DAY	ber				
17. FATHER'S NAME (First, Middle, Last)	1 /		18	B. MOTHER'S NAM	ME (First, Middle, Maide	Sumame)	
CHFIEN	nderson	,	/	ELA	MOFF	15	
490. INFORMANT'S NAME (Type/Print)	/	19b. MAILING	ADDRESS (Street and	Number or Rural R	Toute Number, City or Tou	vn, State, Zip Cod	(0)
mr. Conter A	nderson	1601	myce	ANA	tre, DA	110,11	7d, 21217
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re	moval from State	Ob. PLACE OF DISPOS	SITION (Name of comete	ory, cremetory or	20c. L	CATION - City	or Town, State
4 Donation 5 Other (Specify)	ICENSEE	111 21	22, NAME AND	ADDRESS OF EA	WITY	14/10	al Homes
21. SIGNAL OF PONERIAL SERVICE I	A A		30500	かんだって	0185 1-1	1 Kerr	TO MOTHE
Joseph	2, Kus	1	22222	W. NO	Th Ave,	BALL	2. mo 2/2/6
23. PART I. Enter the diseases, or	complications that caus	sed the death. Do n	ot antar the mode	of dying, such	n se cardiec or ree	piratory arrest,	Approximata
immediate cause (Final	. Liet only one cause on	each line.					
							intarval Batween Onset and Daath
disease or condition	Dro	umina					
	W1	wning	F):				
disease or condition reaulting in death)	W1		F):				
disease or condition resulting in death)	DUE TO (OR AS						
disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF	F):				
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	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTAL HYGIEN		00 2731		
1	1. DECEDENT'S NAME (First, Middle, Lest)	3. AUKER	MAN			AY YE	3. TIME OF DEATH 3. 25 P		
	4. SOCIAL SECURITY NUMBER 173 18 1992 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖵 F	70 YRS. MO	UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MIN	(Month, Day, Year) Feb. 20,	C	HRTHPLACE (State or Foreign country) ennsylvani		
стов	Suburban Hospi			ethesda	T JEAIN		gomery		
DIREC	10a. STATE 10b. COUNT	tgomery	,	thersburg			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
NE PE	10e. STREET AND NUMBER 101 Odend Hall	l Avenue		101. ZIP COOE 20877		109. CITIZEN USA	OF WHAT COUNTRY?		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 📑 9 O	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO Sc	xican, Puarto Rican, etc.)		a or No— 14. RACE — American Indian, Black, White, etc.		
LETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5 +)	Ilfe. Do NOT use re	done during most of working tired.)	16b. KIND OF BU		RY		
COMPL	8 17. FATHER'S NAME (First, Middle, Lest)		Homemake	18. MOTHER'S	Own Ho	Sumame)			
TO BE	Goerge A. Dav: 19m. INFORMANT'S NAME (Type/Print) Diana Lewis	18	A THEORY OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADD	ORESS (Street and Number or Righton Dr. ,		wn, Statu, Zip Cod			
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	naval from Ciata	b. PLACE OF DISPOSITE	ON (Name of cometery, cremetory, and Memori	or 20c. L(OCATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Comparison of Facility Ives-Pearson Funeral Homes Arlington, VA 22201								
orem, me moure	23. PÁRT I. Entar tha diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on a	each line.	infarction		piratory arrest,	Approximate Interval Betwoonset and De 36 kmm		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	A CONSEQUENCE OF):	tu Suest	distase		year		
MEDICAL	PART II. Other significant condition Cardiac ar My Miles	rlythmia		the underlying cause given	DEDEC	RMED?	24b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 S.NO	HOSPITAL:		26. PLACE OF DEATH THER: Nursing Home 6 Reside					
BY PHY	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C		28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
TED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, stre ecily)	et, factory, office	261. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLE	(Orack only			at the time, date and place, and in my opinion, death occured a			ause(a) and manner as state		
B B	29b. SIGNATURE AND TITLE OF CERTIFIE	exmanteaux	+ MP	29c. LICENSE	NUMBER 146 Md	29d. DATE SI	GNED (Month, Day, Year)		
를 일 [30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLEE OF D	EATH (ITEM 27) (Type, Pr	(rat)		/ /			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

al-transit permit. Pages 1, 2, 3 should

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CE							OF DEATH			3. TIME O	F DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH	2	0. BIF	THPLACE (Shi	
216-18-6847	1 M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year		Cou	intry)	
9a. FACILITY NAME (If not institution, give a	street and number)	68		9b. CITY	r. TOWN C	OR LOCATI	ON OF DE	_	/0522		OUNTY OF	Maryl	and
St. Agnes Hospita	aı			L b	Bait:	imore	<u>e</u>				Balli	tmore	
10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN C	OR LOCAT	TION						10d. INSIG	E CITY
Maryland Bal	timore			Ca	aton	svil	le						2 NO
10e. STREET AND NUMBER						. ZIP COD				10g. (CITIZEN O	F WHAT COUN	TRY?
426 Chalfonte Dr.	ive					2	1228				USA		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED						N? (Specify Rican, etc.)	Yea or No-	- 14. R/	ACE — America	an Indian,
1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE V	YES 2 1				2 KNO			rican, etc.	,	100	ecity:	
	<u> </u>											Whi	te
15. DECEDENT'S EDU (Specify only highest grade		(G	live kind of	work done	during mo		ing	16	b. KIND OF	BUSINESS	INDUSTRY	1	
Elementary/Secondary (0-12)	College (1-4 or 5	+)								-			
0-12			supe:	rvisc	or	40.440-	TARRIE AL-	*** (**)	841-4-H : 80 :		& E		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	ner'S NA	ME (First,	Middle, Mai	iden Sumam	•)		
19a. INFORMANT'S NAME (Type/Print)		1	In MARIE	G ADDRESS	@ /Com. a4 :	and About	r or Do-1	Dougha At.	nhar City	Town, State,	7la Cada		
THE RESERVE OF THE PARTY OF THE	7 4	19											00
Mrs. Geraldine C	• Adams	20b. PLACE						e C				1. 212 Town, State	28
1 N Burial 2 Cremation 3 Rem	noval from State	other pl	lace)				•						
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THE FUNERAL DIRECTOR	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be an active after death with the State Dark of Hasth and Memal Horison prior to british commission for removal.

I. DECEDENT'S NAMI	E (First, Middle, Last)	- 185		11					2. DATE OF I	DEATH D	AY	YEAR	3. TIME OF DEATH
MARGA	RET Mar	y Arno	1d						Oct	0		90	10:00 A
4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, De	HRTH V Must		6. BIRTI	HPLACE (State or Foreigns)
213-18-3	844	1 - M 2 XF	68	YRS.	MONTHS	DATE	HOURS	Rene.	April		1922		MARYLAND
9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN C	OR LOCATIO	ON OF DE	HTA		9c. COU	NTY OF	DEATH
NORTH RESIDENCE OF	ARUNDEL	HOSPITAL				GLE	N BUE	RNIE					AA
RESIDENCE OF 10e, STATE	10b. COUNT			10c, CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
MD	ANY	NIE ADUNDI	D.T.										LIMITS? 1 ☐ YES 2 [V] NO
MD 10e. STREET AND NU		NE ARUNDI	č.L		PASAD	_	. ZIP CODE	E .			10g. CIT	IZEN OF	WHAT COUNTRY?
318 Tree	e Tops Ro	ad					2112	2			,	J.S.A	
11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S.	ARMED	13. V	NAS DEC			NIC ORIGIN? (S	pecify Ye		14. RAC	E — American Indian.
1 Never Married	-		I YES 2 2	NO	N N	f yee, sp		n, Mexica	n, Puerto Ricar		36.5500	Blac Spec	k, White, etc.
3 Widowed 4 2	Divorced						и	орчону	,				WHITE
1 (Spe	6. DECEDENT'S EDU	CATION completed		DECEDENT'S				20	16b. KIN	D OF BU	SINESS/IN	DUSTRY	
Elementary/Secon		College (1-4 or 5	+)	Ma. Do NOT u	se retired.)			•					
1.2		1		NURSI	NG AS	SSIS	TANT		IN	HOM	E CA	RE	
17. FATHER'S NAME (ME (First, Middle	e, Maiden	Surname)		
	KLAUS							GELI			'ROMB		
19a. INFORMANT'S N.				19b. MAILING	ADDRESS	(Street a	and Number	or Rural I	Route Number, C	alty or Tow	vn, State, Zi	p Code)	
MARIA R.		A							Arno				
20g, METHOD DF DIS 1 X Burlet 2 Cm	SPOSITION 3 Ren	noval from State	20b. PLAC	E OF DISPO	SITION (Na	me of cer	metery, crem	natory or		20c. LC	CATION -	City or T	own, State
				place)									
4 Donation 5 D				EN HAT						GLE	N BUI	RNIE	MD
4 Donation 5 D					22. 1	NAME A	ND ADDRES	SS OF FA	CILITY			RNIE	, MD
23. PART I. Enter shock	the diseases, or to refer tellure.	CENSEE HELE	GLI	EN HAN	S 1	ing Se	letor cond	n Fu	neral l	Home Gle	n_Bu	rnie	
23. PART I. Enter shock IMMEDIATE CAUS disease or condit resulting in death	the diseases, or c, or heert feliure.	compligations the	at caused the use on each II	doeth. Do	S 1 not enter	ing Se the mo	letor cond ode of dyl	n Fu	neral l	Home Gle	n_Bu	rnie	MD 2106 Approximate Interval Bety
23. PART I. Enter shock IMMEDIATE CAUS disease or condit	the diseases, or to the diseases, or the diseas	compligations the List only one ca	at caused the use on each H	death. Do ne.	S 1 not enter	ing Se the mo	no appresion and apprecious and apprecious apprecious and apprecious and apprecious apprecious and apprecious and apprecious apprecious and apprecious apprecious apprecious and apprecious appr	ss of Fa	neral l	Home Gle or reap	en Bu	rnie	MD 2106 Approximate Interval Bety
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23. PART I. Enter shock IMMEDIATE CAUS disease or condit resulting in death resulting in death cause. Enter UND CAUSE (Disease of that initiated ever resulting in death limitated ever resulting in death cause. Enter UND CAUSE (Disease of the initiated ever resulting in death limitated ever resulting in death li	the diseases, or c, or heert feliure. SE (Finel tion ————————————————————————————————————	CENSEE compligations the List only one ca s. DUE TO DUE TO DUE TO C. DUE TO D	GLI at caused the use on each il or on as a const constant of the constant	desth. Do ne. LICENTER THE SECUENCE OF THE SE	22.1 S 1 not enter (F): (F): (F): (F): (F): (F): (F): (F)	ing Section of the modern of t	ND ADDRES letor cond de of dys au LACE OF D LACE OF D JURY AT ORK? YES 2	SS OF FAMEL AVE	Part I. 244 Peck only one) 6 Other (St. 28d, DESCRII 26f, LOCATIC	Home Gle or reap AC WAS AI PERFO YES DECITY) BE HOW	N AUTOPSY RMED?	Q.	MD 2106 Approximate Interval Betwoen and Conset and Con
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23. PART I. Enter shock immediate cause disease or condit resulting in death any, leading to cause. Enter UND CAUSE (Disease or that initiated ever reaulting in death and initiated eve	the diseases, or c, or heert feliure. SE (Finel tion	compligations the List only one case. a. Due To Du	GLI at caused the use on each il at the constant of the cons	desth. Do ne. Leguence of Characteristing to resulting 1 DOA 28b. TH Indian death occur	22. I S 1 not enter	the mo	ND ADDRES 1 et or C ond de of dys AUC 2 cause of LACE OF D INTO ART TORKY YES 2 2 cause of 29c. LICK 20c. LICK 20c. LICK 20c. LICK 20c. LICK 20c. LIC	SS OF FAMEL AVE IND. AVE IND. SUICE OF FAMEL IND. SEATH (Ch. Sealdence IND. Seath Ind. S	Part 1. 244 Part 1. 244 Part 2. 28d. DESCRI 26f. LOCATIC City or R to the cause(c) time, data and	MAC WAS AN PERFO YES ON (Street war, State a) and me	INJURY Of	Q . 24	Approximate interval Betwoen Service Interval Betwoen Service Interval Betwoen Service Interval Betwoen Service Interval Between Service Interval Service Interval In

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(1	9		ERAL D
BALTIMORE, MARYLAND 21203-3146	r death. Page 6 may be retained by the hospital or attending physici	is funeral director, page 5 should be detached for use as the burial-titial.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformed and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	OIMIL OI I	CI			F DEATH	MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O				3. TIME OF DEATH
	ADA	MAY	A	ANDEF	RSON		OCT.	4	19	YEAR	6:00 A. M
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. les		IF UNDER 1 YEA		7. DATE OF	F BIRTH Day, Year)		2 0	IPLACE (State or Foreign
	227-34-0733	1 🗌 M 2 ី F	75	YRS.	MONTHS DAY	S HOURS MIN.	June		915		ginia
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF D				NTY OF C	
DIRECTOR	172 Margate Drive	e			Glen	Glen Burnie Anne Arundel					
EC	10s. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS?			
PIE	Maryland Anne	Arundel		G1	en Burr	nie					1 YES 2 X NO
7	104. STREET AND NUMBER			-		101. ZIP CODE	_		10g. CIT	IZEN OF	WHAT COUNTRY?
E	194 Margate Driv	e				21060			U	SA	
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED		DECENDENT OF HISPA				14. RAC	E — American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 XI	NO		, specify Cuban, Maxic YES 2 NO Speci		en, atc.)		Spec	k, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION	16b. P	UND OF BU	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	- Office	. Do NOT u	work done during ise retired.)	most of working					
P	11th	None	Sa	mple	Dept.		Ne	vamar	Cor	pora	tion
O	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N					
В	William		Sisk			Anna				Fant	
BE	19a. INFORMANT'S NAME (Type/Print)		Y	b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number	r, City or Tow			
10	Edward C. Ander	son	R	t. 2	Box 7	43. Harpe	rs Fe	rrv.	West	Vir	ginia 25425
	20. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		cemetery, crematory or					own, State
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	other p		remato	ry		Bali	timor	e. N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	4		22. NAM	E AND ADDRESS OF F			CIMOI		ial y land
	> 1/2 1/1/2 -	7	0.			LETON FUN					, MD 21061
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (O ntisily list conditions, lesding to immediata Enter UNDERLYING (Olsease or Injury littated events ang in death) LAST				wing cause given in	n Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
IN: MEDICAL		20 Ac	The o	De	ist			1 TYES	2 1 110		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF DEATH (C					
YS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatient	T	-	Homa 5 - Residence	T		IN HUMA C	COURTS	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	28b. TI	JURY	NJURY AT WORK?	28d. DEŞC	CRIBE HOW	INJUNY O	CONED	
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE building	OF INJURY — At h	ome, farm,	street, factory,	office		TION (Street Town, State		er or Rural	Floute Number,
COMPLETED	29a, CERTIFIER (Check only 1 CERTIFYING PHY:										(a) and manner as stated.
BE	296. SUSTRAPLINE AND TITLE OF GENTIFI				- 18	21 LICENSE NI	38	>	29d. DA	TE SIGNE	D (Month, Day, Year)
5	Sidney Gaylord N		PER WATERWAY			Raltimo	re Ma	rular	nd 2	1226	0
	31. OCT 9 1990	a. 33 BEGISTR	AN HAMPANA	LIECO	H AVE.	Dal LIMO		ATAI		1440	-
	0019 1990 8	ruin navidos	A-Madren	_							

1sit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

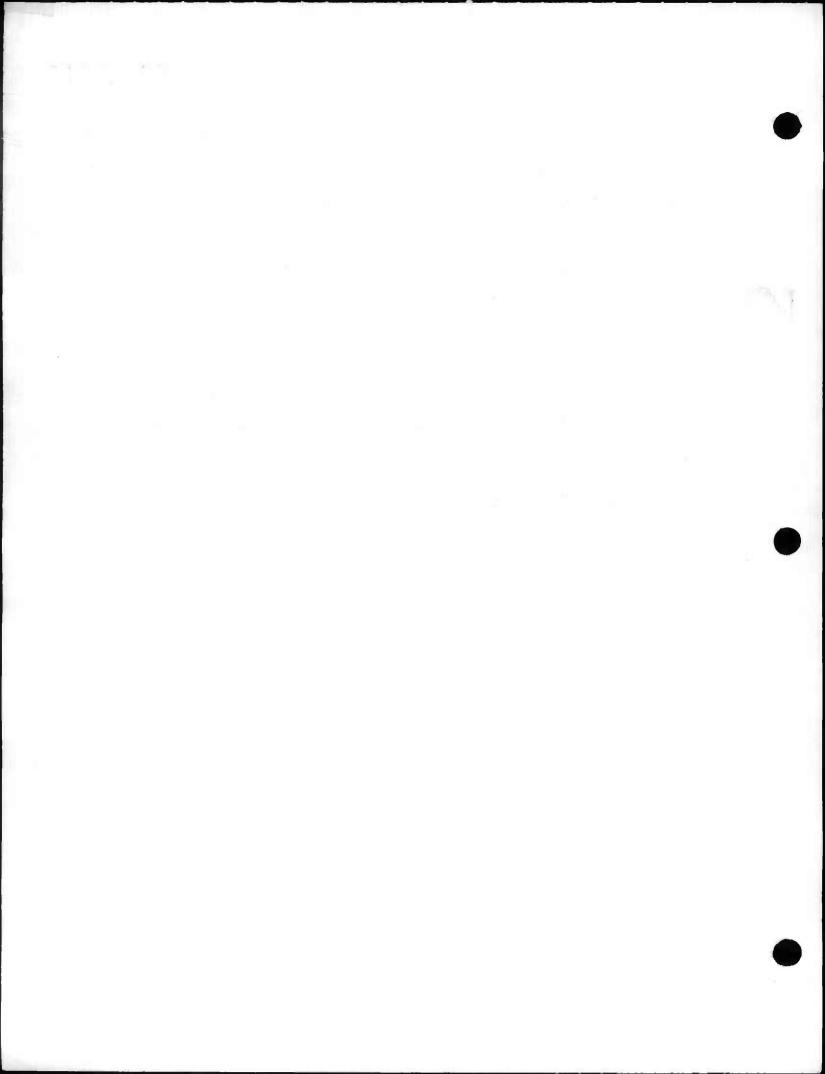
1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE	OF DEATH	ı,	YEAR	3. TIME OF OEATH
Nicholas P. Bus	ch					5, ĩ		TEAN	12:30 A. M.
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
216-16-6573	1 💢 M 2 🗆 F	55 YRS.	MONTHS DAYS	HOURS MIN.		ch 26	,1925		RYLAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
Francis Scott Ke	y Hospital		Bal	timore					
106. STATE MARY LAND 106. COUN	ry 		, town on loca BALT IMO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3418 KENYON AV	Ε.		10	21213	3		10g. CIT		S. A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	It yes, sp	CENDENT OF HISP lecify Cuben, Mexi 2 NO Spec	can, Puarto F		or No—	14. RACI Black Spec	E — American Indian, k, White, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION (e. completed)	16a. DECEDENT'S t	USUAL OCCUPATI	ON ast of warking	16b.	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	Ilfe. Do NOT use	retired.) L WRIGH			STEEL	MANU	FACT	URING CO.
17. FATHER'S NAME (First, Middle, Last) NICHOLAS BUSCH				18. MOTHER'S P	NAME (First, A		Surname)		
19a. INFORMANT'S NAME (Type/Print) EVELYN BUSCH (W	IFE)			and Number or Run					
20a. METHOD OF DISPOSITION 1X☐ Burlel 2 ☐ Cremetion 3 ☐ Re	1	PARKWOOD	ITION (Name of ce	metery, cremetory o		20c. LO	CATION —	City or To	
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	ARRIVOOD		nd address of nunek Fu	FACILITY		ALTIM		MD.
· (unto 2	J. Day								1. 21213
23. PART I. Enter the diseases, Drahock, Dr haert fellure IMMEDIATE CAUSE (Finel disease Dr condition resulting in daeth)	e. OUE TO OR A	s A CONSEQUENCE OF	11	dish	1		iratory ar	rest,	Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF	7:	dish					
PART II. Other algorificant condition	ona contributing to deat	h but not reaulting i	n the underlylr	g cause given	in Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
- Hypu	+ engion	<u>~</u>							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1			LACE OF DEATH (Check only on	e)			
1 VES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing Hor	me 5 - Raeldeno	a 8 🗆 Othe	r (Specify)			
27. MANNER OF OEATH 1 Natural 8 Pending tryestigation	28s. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME ar) INJ	URY W	JURY AT ORK? YES 2 NO	26d. DES	CRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide a Could not b 4 Homicide determined	28s, PLACE OF INJ	URY — At home, term, s Specify)	street, factory, offi	ce	28t. LOC City	ATION (Street or Town, State	and Numbe	r or Rural	Route Number,
one)	SICIAN: To the best of my k								s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	ER PA	rsoul n	10	PO LICENSE N	UMBER 400	P	29d. DA	TE SIGNE	(Month, Day/Year)
30. NAME AND ADDRESS OF PERSON V				·					1
Dennis MacDonal	d, 9 South H	lighland Av	ve, Balt	imore,	Maryl.	and 21	224		
OCT 0 9 1990	fulia Davidson-V								

BALTIMORE, MARYLAND 21203 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or any THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89



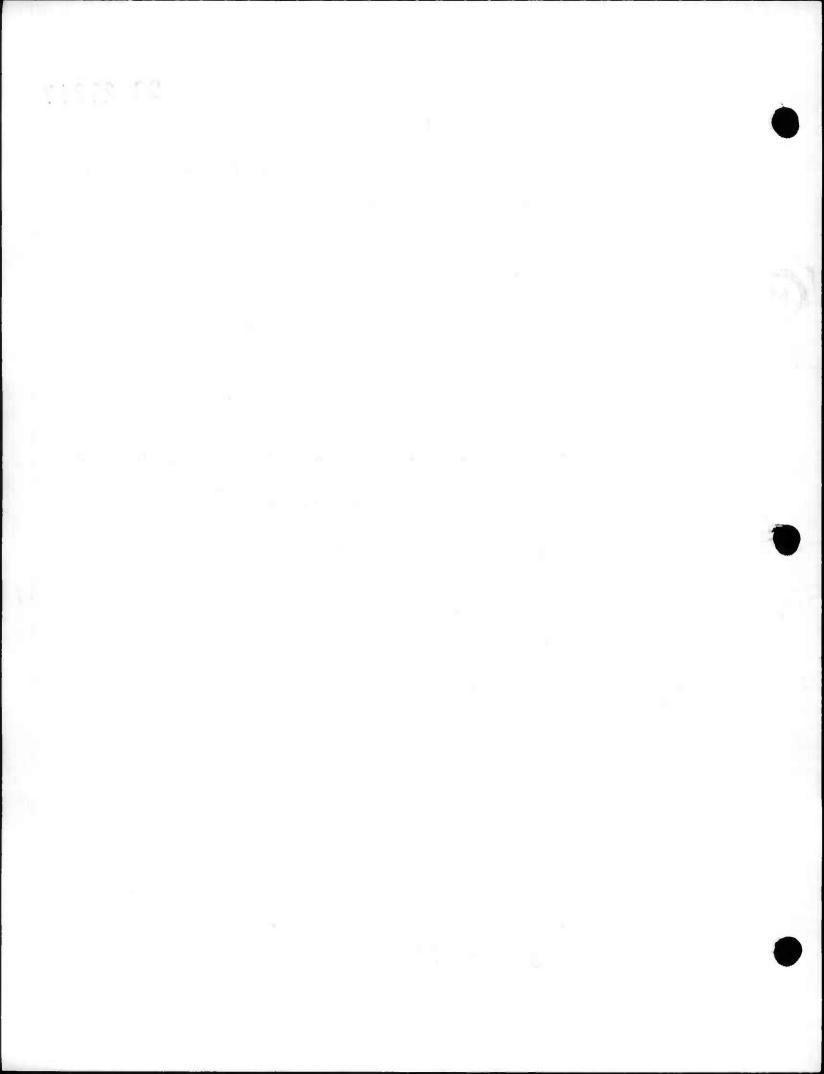
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 loads after death. Page 6 may be retained by the hos TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
FFAS	5 5 3 8 E

Salvador Papa, M.D.
31. DATE FILED (Month, Day, Year)
OCT 0 9 1990

	FOR STATE REGISTRAR	STATE OF MAI			TMENT ICATE					IYGIEN	E	90	27317
	1. DECEDENT'S NAME (First, Middle, Last) Mitchell	100		DVE) D				2. DATE OF MONTH	D.I	100	YEAR	3. TIME OF DEATH 1:05PM M
	4. SOCIAL SECURITY NUMBER	Lee	AGE (In yrs. las	BYF	IF UNDER 1	VEAD	IF UNDER		7. DATE OF I		199		PLACE (State or Foreign
		1√□ M 2 □ F	MGC (III yrs. Nas	YRS.	MONTHS]	DAYS	HOURS	MIN.	Septer	v. Year)		1990	M.D
O.B.	96. FACILITY NAME (If not institution, give str FRANKLIN SQUARE H	·		BALTIMORE,					9c. COUNTY OF OEATH BALTIMORE				
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			T 40. 0/T	Y, TOWN OF	1001	1041						ALL DIOLOGO CUTY
DIRECTOR	MD				ltimo	re							10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1508 Light Stree	t Baltim	ore				2123					S.A	HAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN FORCES? 1 YES 2 NO If yes, specify Cuben, Mexica								or No-	14. RACE	- American Indian, White, etc.		
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 VNO If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:							n, etc.)		Whi			
	15. DECEDENT'S EDUC		/G	ive kind of	USUAL OC			na	16b. KII	D OF BU	SINESS/IND	USTRY	
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) N/A (Give kind of work done during most of working life. Do NOT use retired.) N/A N/A							N/A					
00	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	te, Malden	Surname)		
ш	Jon	Ву	rd				C	hery	1 Chr	isti	na F	Ryan	
TO B	19s. INFORMANT'S NAME (Type/Print) Jon P. Byrd		191		adoress me As	41 -		r or Rural F	loute Number,	City or Tow	n, State, Zip	Code)	
	20s. METHOD OF DISPOSITION 1	val from State	other of	(ace)					CATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	020011	22. NAME AND ADDRESS OF FACILITY									
	· Wallace S	. Brooks	12r	Ruck Towson Funeral Ho				l Ho	me, :	Inc. . 21:	204		
	23. PART i. Enter the diseases, or co shock, or heart failure. L				not antar i	ha mo	da of dy	ring, auci	h aa cardled	or reap	ratory an	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel												Onset and Death
	disease or condition resulting in death)	Multiple DUE TO (OF	organ	an system failure									
NO	Sequentially list conditions,	Severe pr	rematur	rity	D.								
CERTIFICATION		Renal fai	lure										
RTIF	that initieted events	Intracrar	ias a conse		•	(se	evere	2)					
2	PART II. Other algnificant conditions								Book 1 Do		ALFRONOV	1.00	. WERE AUTOPSY FINDINGS
18	PDA, multiple met	_		_			_	giveri in		PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	thrombocytopenia,	r/o sensi	c	10163	, and	:111 I C	1,		— I ¹	YES :	₩ NO		OF DEATH?
Σ	cin ombocy copenia,	170 36431	3						- 1				1 TYES 2 X NO
A S	25. WAS CASE REFERRED TO MEDICAL					28 P	ACE OF	DEATH /Ch	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	2/Outnotlant 3	n 🗆 noa	OTHER	:			8 Other (S	nantha)			
ΙžΙ	27. MANNER OF DEATH	28s. DATE OF IN.		285. TIA	E OF	28c. IN.	JURY AT	io si dell'o e	28d. DESCR		NJURY OC	CURED	
1 . 1	1 Netural 5 Pending	(Month, Day,	Year)	IN	JURY M		YES 2	□ NO					
ED B	286, PLACE OF INJURY — At home, 1										Route Number,		
COMPLET	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	CIAN: To the best of my R: On the basis of exam											s) and menner se stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIER	711	100	,			29c. LIC	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
		Zubeli									▶ 1	0/4/	90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	, Print)								

9000 Franklin Square Dr., Balto., 21237

32 REGISTRAR'S SIGNATURE
Suna Davidson-Randelle



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7	U	6

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME CERTIFICAT			ENTAL HYGIE	-	30 27318
	1. DECEDENT'S NAME (First, Middle, Last)	vi W. B	rown			2. DATE OF DEATH MONTH	x 9t	SAR J:00 pm M
	4. SOCIAL SECURITY NUMBER! 219-20-96-79 98. FACILITY NAME (# not institution, give si	1 ØM 2 □ F 2	YRS. MONTH		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year). 5-4-6	4	BIRTHPLACE (State or Foreign Country)
CTÓR	University F	tospital	B	alto	LOCATION OF DEA		9c. COUNTY	OF DEATH
DIRECTÓR	10a. STATE 10b. COUNTY		Bat	to				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 56 N Cay	ey ST 12 WAS DECEDENT EVER IN U.S	Aguen		212 CODE	-3	14	S A
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		ZNO	If yes, spec	offy Cuban, Mexican	C ORIGIN? (Specify Y , Puerto Rican, etc.)	96 OF NO	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a completed) College (1-4 or 5+)	a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most		16b. KIND OF B	USINESS/INDUS	ТЯҮ
	17. FATHER'S NAME (First, Middle, Lest) Rayner W. B	roun, Sr			18. MOTHER'S NAM	E (First, Middle, Melde 100 Bri	on Surnama)	ittle
TO BE	100. INFORMANT'S NAME (Type/Print)	Brown Little	2409	Anno	Number or Rural Ru	oute Number, City or R	own, State, Zip Co	md 21230
	20a, METHOD OF DISPOSITION 1 Denial 2 Cremation 3 Rem 4 Donation 5 Other (Specific	oval from State oth	ACE OF DISPOSITION (or place)	es Hi	11 cen	1 Hr	ocation - ch	widel Co. Hel
	21. SIGNATURE ON PUNERIAL SERVICE LA	2 Cal		Hay	ADDRESS OF FAC 300 U	H West	Ave	
	23 PART I: Enter the diseases or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each a. Due to on as a co	line.	nter the mod	e of dying, such	as cardiac or rea	piratory arres	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b		- 42			- 191	
AL.	PART II. Other algnificent condition	a contributing to death but r	not resulting in tha	underlying	cause given in f		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che			
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatie	28b. TIME OF	28c, INJU	RY AT IK?	3 ☐ Other (Specify) 28d. DEŞCRIBE HOV	Y INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,			28f. LOCATION (Street, City or Town, Sta	et and Number or te)	Flural Route Number,
COMPLETED	anel -	ICIAN: To the best of my knowledg						
BE	29b. SIGNATURE AND TITLE OF CENTIFIES	Cellers 1	70		29c. LICENSE NUM	BER	29d, DATE II	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O Unv o	(ITEM 27) (Type, Print) PD 405p		- S Gre	ere St	Bell	mo
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE Prode DO					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

MARYLAND

10e. STREET AND NUMBER

1 Never Married 2 Married

3 Widowed 4 Divorced

11. MARITAL STATUS

219 26 1393

VA MEDICAL CENTER

313 PONTIAC AVENUE

PETER V. JUVAN, M.D.

WILBUR BRENNISON BROWN

9a. FACILITY NAME (If not institution, give atreet and number)

5. SEX

1 M 2 D F

1 -

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

56	m	3 Widowed 4 Divorced	I W	JII			
6	ED	15. DECEDENT'S EDUI		16a. DECED	ENT'S USUAL Or	CCUPATION during most of working	16b. KIND O
رو	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		MECHAN		Brow
by the be determined at once.	ш	17. FATHER'S NAME (First, Middle, Lest) RAYMOND BROWN					R'S NAME (First, Middle, MI A-GREY Ritt
be retained by ge 5 should be e notified at	TO B	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS	S, VAMC				OAD FORT HO
6 may ctor, pa		20s. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place)		emetery cremate	tory or 20
D == 0		21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin	E. Ecke	' Mo	NAME AND ADDRESS Cully Fur 37 E. Pata	neral Home apsco Ave.,
rs aft		23. PART I. Enter the diseases, or ahock, or heart failure.			. Do not entar	tha moda of dylng	g, auch as cardiac or
within 24- npletely fille cremation, vent, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	. CARCINO			TH METAST	ASIS
th certificate be execuending physician and I Hygiene prior to bur or other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	AS A CONSEQUE			
equires that en signed by of Health an	MEDICAL	PART II. Other algolificant condition EMACIATION	a contributing to de	ath but not resu	iting in the ur	derlying cause give	ven in Part i. 24a. W PE
SICIAN: The law recriticate has be to the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 첫짓inpetient 2 □ EF	VOutpatient 3 🗆	OTHE	R:	ATH (Check only one)
ATTENDING PHYSICIAN: The CCTOR: After this certificate has after death with the State D s after death with the State D 28 is marked, or Item	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Dey,	lbar)	Bb. TIME OF INJURY M	28c. INJURY AT WORK?	26d. DESCRIBE
DR ATTENDIN DIRECTOR: Att nours after de tem 28 is n	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	iJURY — At home, . (Specify)	farm, street, fac	tory, office	281. LOCATION (S City or Town,
国立の日	COMPLETE	cool -					and due to the cause(a) and at the time, data and ple
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SHONATURE AND TITLE OF GERTIFIE	/ sever	-		29c. LICEN	ISE NUMBER
	P-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (OF DEATH (ITEM 27	(Type, Print)		

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

BALTIMORE

IF UNDER 1 YEAR | IF UNDER 24 HRS.

FORT HOWARD

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

9600 NORTH POINT ROAD FORT HOWARD, MARYLAND

21225

DAYS

6. AGE (In yrs. last birthday)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WITH OR DATES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH YEAR OCTOBER 4, 1990 11:45 A. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 11-12-28 MARYLAND 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. it yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2XXNO Specify: Specify WHITE F BUSINESS/INDUSTRY n's Auto Body alden Sumame) a K. Gray Brown v Town, State, Zip Code) WARD, MARYLAND 21052 c. LOCATION — City or Town, State altimore, Maryland of Brooklyn Balto., Md. 21225 respiratory arrest, Interval Batween Onset and Death 8 YEARS AS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE ES 2 X NO OF DEATH? 1 | YES 2 | NO IOW INJURY OCCURED itreet and Number or Rural Route Number, State) d manner as stated. ce, and due to the ceuse(a) and manner as stated. 29d. OATE SIGNEO (Month, Day, Year) ▶ OCTOBER 4, 1990

DHMH-18 Ray 1/89

DALLIMORE, MANTLAND AIGUS-3140	many by the man an amaing thysicial	6 stead to prince a prince the burial-tra		nothing at one
משרוושסטב,	thin 24 hours afterdeath. Page 6 mail be	etely filled in by the Meneral director, page	smation, or removal.	nt, the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterfeeth. Page @ mail by	te has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be now the marked.
DIVISION OF VIEW	TO THE HOSPITAL DR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificati	be filed within 72 hours after death with the Star	IMPORTANT: If Item 28 Is marked, or Ite

1. DECEDENT'S NAME (First, Middle, Last)				TD				MONTE	OF DEATH	AY 1 C	YEAR	0.200
WILLIAM			ARD	JR		1		OCT	OBER 2	, 15	190	9:20P
4. SOCIAL SECURITY NUMBER 243-66-7382	5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Monti	of BIRTH 1, Day, Year) 1-42		S. BIRT Coun N	HPLACE (State or Foreign try) . C .
98. FACILITY NAME (If not institution, give s THE JOHNS HOP		PITAL			TIMC	OR LOCATI	ION OF D	EATH			NTY OF I	MORE CITY
RESIDENCE OF DECEDENT											10111	IONE OIL
MD 10b. COUNT	Υ			LTIM		CITY	7				2	10d. INSIDE CITY LIMITS? XX YES 2 NO
100. STREET AND NUMBER					10	f. ZIP COD	E			10g. Cl	TIZEN OF	WHAT COUNTRY?
2119 SINCLAIR LA							213				JSA	
11. MARITAL STATUS 1 Never Merried 2 A Merried 3 Widowed 4 Divorced	NT EVER IN U.S I YES 2 MAR OR DATES	NO		If yes, sp		ın, Mexici	in, Puerto I	I? (Specify Yeo Ricen, etc.)	or No-	14. RAC Blac Spec	E - American Indian, ck, White, etc. city: Black	
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	160	. DECEDENT'S	work done	during mo		ng	16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u									
12th Grade			Labore	er				V	ulcan-	-Hart	t Inc	2.
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, I	Middle, Malden	Surname)		
William	Bear	d Sr				Ma	ary		Rt	ısse.	11	
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADORES	S (Street	and Numbe	r or Rural	Route Numi	ber, City or Tow	n, State, Z	(ip Code)	
Delores Be	eard		2119	Sinc	lai	r Lan	ne/Ba	altim	ore, l	Md.	2121	13
20a. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO	SITION (N	ame of ce	metery, crea	metory or		20c. LC	CATION -	- City or T	Town, State
Buriel 2 Cremation 3 Rem	novel from State		Natio	na1	Mem.	Pk.	Cer	n.	La	ire1	Co.	Md
				22.	NAME A	ND ADDRE	88 OF F/	CILITY				
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	use on each	e death. Do	not enter	r the mo	ode of dy	ring, aud	ch as care	diac or resp	iratory a	rreat,	1
23. PART I. Enter the diseases, or shock, or heart failure.	complications the List only one can be DUE TO DUE TO c.	O (OR AS A CO	CI C	Nonot enter	Ew .	ode of dy	ring, aud	(Nov	diac or resp	iratory a	erreat,	AVENUE Approximata interval Betwoonset and Do
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23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications the List only one can a	O (OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	OF): In the u	the mo	ode of dy	SC C	(Nov	24e. WAS APPERFO	ALITOPS:	rreat,	AVENUE Approximata interval Betwonset and D 3 80 Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Solution of Sol
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition presenting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events presulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation and provided significant conditions investigation and provided significant conditions investigation and provided significant conditions investigation and provided significant conditions investigation and provided significant conditions investigation and provided significant conditions investigation and provided significant conditions in the provided significant	a. DUE TO b. DUE TO c. DUE TO d. DUE TO	O (OR AS A CO O	ONSEQUENCE OF THE PROPERTY OF	OFFI: OFFI: OTHE 4 Nu ME OF JUNEY M street, fac	26. P	DIACE OF I	given in	Part I. Part I. 28d. DE 28f. LOCCity e to the cae	24a. WAS AN PERFO 1 VES ATION (Street or Town, State use(a) and ma	A AUTOPS) RMED? RMED? RMED NO RNJURY O	Y 24	AVENUE Approximata interval Betw Onset and D AVENUE Approximata interval Betw Onset and D AVENUE

BALLIMORE, MARYLAND 21203-3146	in 2 yours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in the National Hygiene prior to burlal, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the freshing or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH CATE OF DEAT		REG. NO.	90 2	7321
1. DECEDENT'S NAME (First, Middle, Last) ETTA	BENNI	ETT		2. DATE MONTH	OF DEATH BAY	VEAD	17 A
4. SOCIAL SECURITY NUMBER 215-24-2139 9a. FACILITY NAME (# not institution, give s	1 🗆 M 2 🎾 F	39 YRS. M	FUNDER 1 YEAR # UNDER DAYS HOURS DAYS HOURS	MIN. 07-0	OF BIRTH Day, Year)	8. BIRTHPLACE Country) MARYEA	(State or Foreign
BALTIMORE COUNTY			RANDALLSTO			ALTIMORE	
10a. STATE 10b. COUNT CAR	ROLL		TOWN OR LOCATION ESVILLE			1	NSIDE CITY JMITS? YES 2 ND
7200 THERD AVENU	E		10f. ZIP CODE 21784		12.00	U.S.A.	OUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECENDENT Of the year, specify Cuba 1 YES 2 NO	n, Maxican, Puarto F		14. RACE — An Black, White Specify: WHITE	nerican Indian, a, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 th		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of HOMEMAK)	k done during most of worldr etired.)	9	OWN HOME	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	W0		16. MOTI	NER'S NAME (First, A	Aiddle, Maiden Sumam	•)	
EDWARD B. WILLIA 19a. INFORMANT'S NAME (Type/Print)	MS	19b. MAILING AI	DDRESS (Street and Number		EIFERT per, City or Town, State.	Zip Code)	
FLORENCE E. BORT	TH .		VELAND ROAD		SVILLE, M		
20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from Stata	other place)	RK CEMETERY			— City or Town, St IMORE, M	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			& RUSSELI	L C WITZK		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. hyper	A CONSEQUENCE OF):	i Lyellon. ndiovascu	lar du	raise		years.
PART II. Other significant condition metastatic (na contributing to deeth		tha undarlying cause (given in Part I.	24a. WAS AN AUTOP PERFDRMED? 1 YES 2 NO	AVAIL COMP OF DE	AUTOPSY FINDIN ABLE PRIOR TO LETION OF CAUS EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Or 28a. DATE OF INJUR (Month, Day, View	utpatient 3 DOA 4	OTHER:	28d. DES		OCCURED	
3 Suicide 4 Homicide Could not be determined 29e. CERTIFIER (Check only	building, etc. (S)	owledge, death occurred	at the time, data and place	, and due to the cau		stated.	
206. SIGNATURE AND TITLE OF CENTERS	- MD		29c. LIC	ense NUMBER 3 484	29d. I	DATE SIGNED (Ment	
30. NAME AND ADDRESS OF PERSON WE WILLIAM TAN M.		DERTY ROAD		RG MD 21	78/4		

	10
	NOUR
o'	within
1314	executed
<	2
C. EC	certificate
7.	death
S	age of
2	that
ECO	requires
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M	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	DR.
	SPITAL

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		21322
1. DECEDENT'S NAME (First, Middle, Last) BESSIE	BUR	KE	····	2. DATE OF DEATH MONTH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 1932 \$1794 9a. FACILITY NAME (II not institution, give	5. SEX 8. AGE (7 yrs. lest birthday) IF (MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 3-9-190	8.	BIRTHPLACE (State or Foreign Country) [1] iamstown.
CHURCH HOSPI	,		BALTIMORE C		-	
10a. STATE 10b. COUN	n ltimore		WN OR LOCATION LTIMORE / CTT	Ά,		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
100. STREET AND NUMBER 3140 CORNWAL	L RD.		101. ZIP CODE 2122	2	U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 37 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spec	can, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: hite
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 8+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of working ired.)	16b. KIND OF BI		
Unknown 17. FATNER'S NAME (First, Middle, Lest)		Store (Retai	1 Sal	es
Joseph F. Day 196. INFORMANT'S NAME (Type/Print)	zison	19b. MAILINO ADD	Hatt PRESS (Street and Number or Run	ie Mae Re al Route Number, City or To		de)
Joyce Burke 20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	moval from State	b. PLACE OF DISPOSITIO other place)	Cornwall Rd N (Name of cemetery, cremetory of Cemetary	7 20c. L	OCATION — City	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE I		echourse	22. NAME AND ADDRESS OF Bradley-As	racility hton FUne	ral H	stown,Pa. ome, INc. ndalk.Md.21
23. PART i. Enter the disease, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CONGUST	A CONSEQUENCE OF	ront for	luno	prietory arreas	t, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· BILA	A COMPEQUENCE OF	BULKAN		NABI	VS
PART II. Other significant conditi	one contributing to death t	but not resulting in t	ha underlying cause given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATN			
27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Residence Sec. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOV	INJURY OCCU	REO
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
(Critick Orny			it the time, data and place, and on my opinion, death occured at			
29h SIGNATURE AND TITLE OF CERTIF	IER (Va.r.	M.2	29c. LICENSE I	NUMBER	29d. DATE S	BIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON OF DR. IRENE IRA			CHURCH HOS			L , MD. 21231
31. DATE FILEO (Morith, Day, Year) OCT 09 199	32. REGISTRAR'S SIG				_	

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IN THE MUSTIAL OR ALLENDING PRINCIPLY. THE ISM EQUITED THE USE THE CONTINUE OF SECURED WITHIN 24 HOURS SHEET COME. TABLE OF HEAD IN THE PRINCIPLE OF THE PRINCI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one	
8	961		96	
indy	oc, pa		1st	
200	Sirect		E	
aust. r a	uneral		other traumatic event, the medical examiner must be notifie	
5	the fi	Mar.	ll ex	
2 01	u by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edica	
3	Med	n, or		
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	FOR STATE REGISTRAR	STATE OF N					EALTH AND I		TYGIENE REG. NO.	90	27	323
٦,	1. DECEDENT'S NAME (First, Middle, Last)				107112	-	DEATH	2. DATE OF			3. TIME	OF DEATH
	Frank E. Benner							MONTH /	DAY 5	1970	8	55 Am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIR	THPLACE (S	State or Foreign
	215-09-0500	1 X M 2 F	86	YRS.	MONTHS	DAYS.	HOURS MIN.	(Month, D	6-03	Ma	ryla:	nd
	9a. FACILITY NAME (If not institution, give str		315 In	nleside			R LOCATION OF DE			. COUNTY OF	DEATH	
5	Forest Haven Nurs	ing Home	Au	2	Ca	tons	ville,			Balt	more	
DIMECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 017	Y, TOWN OF	LOCAT	ON				Taga me	SIDE CITY
Ĕ	Maryland				altim						LIM	HITS?
	10a. STREET AND NUMBER			1 1	altill	-	ZIP CODE		10	g. CITIZEN OF		
2	2228 Eagle Street						21223			U.S.A		227.00
FUNEMAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED			ENDENT OF HISPAN					rican Indian, atc.
10	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE V		NO			city Cuban, Mexica 2 XNO Specify		in, etc.)		ick, White, : ic/ly:	atc.
2	3 Widowed 4 X Divorced										White	e
	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)		Give kind of the Do NOT u	work done do	uring mo	N II of working	16b. KI	ND OF BUSINE	SS/INDUSTRY		
	8th grade	College (1-4 or 5	+) "	Floo				IIn	ion co	mpanie	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			1200			18. MOTHER'S NA					
	Charles F. Benner						Martha	M. Ti	epperm	an		
200	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street a	nd Number or Rural I					
- 1	Dennis Benner			2592	S.E.	Gra	and Dr.	Port	St. Lu	cie, F	L 34	952
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	val from State	20b. PLAC	E OF DISPO	SITION (Nerr	ne of cen	etery, cremetory or			ION — City or		
	4 Donation 5 Other (Specify)		Loi	udon	Park	Cem	etery		Balt	imore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSFE					d Funera		e Inc			
	"Kamara	teles	con				Ilkens A			imore.	Md.	21229
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions Denote the Conditions of the Cond	DUE TO	(OR AS A CONS	EQUENCE O	OF):			_ 1	Ia. WAS AN AUTPERFORME	07	4b. WERE AL AMALAB COMPLE OF DEAT	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2 \(\text{ NO} \)
	EXAMINER?	HOSPITAL:	T ED/O-11-1	2 🗆 2004	OTHER	:	ACE OF DEATH (Ch					
PHTSICIAN	27. MANNER OF DEATH	1 Inputlent 2	INJURY	28b. T#	WE OF	28c. INJ	URY AT		Specify)	RY OCCURED		
67 7	1 Natural 5 Pending	(Month, E	Jey, Year)		JURY	WO	RK? ES 2 NO					
	3 Suicide 6 Could not be determined	26s, PLACE (building	OF INJURY — At I	homa, farm,	atreet, facto	ry, offic		28t. LOCATI City or	ON (Street and fown, State)	Number or Run	Aoute Nur	mber,
COMPLEIED	29e. CERTIFIER (Check only one) 1										e(e) end ma	enner se stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	Thorn;	4				D3495	MBER	29	DATE SIGN	ED (Month,	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU				t	6 Are 2	set,	2021	228		
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE			-						
	OCT 09 1990 4	ha Davidson	-Aandell									

DIVISION OF VITAL

The

OR ATTENDING PHYSICIAN:

HOSPITAL

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marked,

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2

29b. SIGNATURE AND TITLE OF CERTIFIER

Unamake un ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

After this certificate I death with the State

FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

e law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the new or Health and Marial Husians infort in hurtal chamation, or removal.	
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the s	has been signed by the attending physician and completely filled in by the fi Done of Health and Merical Horison prior to harial cremitation or removal	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR 90 27324 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARIE Beaulieu 0634 Hnna SCHOBER, 05 90 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Dey, Year)
May 10,1910 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) New Hampshine 002 02 4353 DAYS HOURS 80 1 M 2 F YRS. 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 TYES X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 401 Twinbrook Pkwy. 20851 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 NP If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ▼NO Specify: 1 Never Married 2 Married specialhite BY 3√X Widowed 4 ☐ Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Labranch Anna Lasalle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rachael Wratten Same as #10 20a. METHOD OF DISPOSITION

X□ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Joseph's Cemetery 4 Donation 8 Other (Specify) Lowell, Mass. 21. SIGNATURE OF FUNERAL SERVICE LIÇENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Arlington, Va. 22201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUEN resulting in death) we CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: tlant 2 - ER/Outpetlant 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural Accident 8 Pending investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

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may	or, p		8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be or
Pag	e G		ner
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er de	the th	be filed within 72 hours after death with the State Dept. of Health and Merital rigglene prior to burial, cremation, or removal.	XO
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	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / Ce		TMENT				MENTA	L HYGIENI REG. NO.	9	0	2732	5
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR 3	TIME OF DEATH	1
	Gertrude J.		E	Brad	er				10	7		90	12:30	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHPL Country)	ACE (State or For	eign
	202-05-4272	1 □ M 2X□XF	80	YRS.	монтнв	DAYS	HOURS	MIN.	3/1	1. Day, Year)			nsylva	nia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE		20,20	9c. COUN	TY OF OEA		пта
œ	703 Glen Alle	n Driv	e		1 7	Rali	imo	ro						
유	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION													
m M												1	od. INSIDE CITY	
百	MD			Ва	ltin	ltimore				YES 2 🗆 I	МО			
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?	
FUNERAL	703 Glen Aller	Drive					212	29				US	Д	
5	11. MARITAL STATUS		T EVER IN U.S. AR							N? (Specify Yes	or No-	14. RACE	- American India White, etc.	n,
	1 Never Merried 2 Merried		YES XX XX N	Ю			2XXNO			Rican, atc.)	- 1			
BY	XX Widowed 4 Divorced											wh:	ite	
	15. DECEDENT'S EDUC (Specify only highest grade				Work done			na	16b	. KIND OF BUS	INESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)			•	1		_			
를	unkno	wn	h	ome	make	er				own	home	2		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						14.000			Middle, Maiden	100			
BE (John Jezorek						Fr	ance	es K	Crynik				
TO B	19a. INFORMANT'S NAME (Type/Print)		191							ber, City or Town				
F	Belle Brubaker	•		572	1 Ec	lmor	idso	n Ay	ve/	Balto	. MI) 2:	1228	
1	20. METHOD OF DISPOSITION A Duriel 2 Cremellon 3 Remo	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of cer	metery, crei	matory or			CATION —			
1	4 Donation 5 Other (Specify)		Han	iove	r Ce					Ha	nove	er Gi	ceen,	PA
	21. SIGNATURE OF FUNDRAL SERVICE LC	ENGEE			22.	NAME AL	ND ADDRE	SS OF FA	CILITY	n Fiin	0 20 0 1	Uor	no In	_
	1	X(1)	J.A.		-	726	TTII	g As	SIILU	A /B	erai	L HOI	ne, In 2122	0
	23. PART I. Enter the diseases, or o	complications the	et caused the de	ath. Do		_	_						Approxime	
	shock, or heert fellure.						,				,		Interval Be	
	IMMEDIATE CAUSE (Finel disease or condition	14											Onset and	Death
	resulting in deeth)	a. 000	O (OR AS A CONSE	Jar	com	7							+	
		505 10	(UN AS A CONSE	OUENCE ();								i	
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
A	if any, leading to immediate cause. Enter UNDERLYING	1000	,		/.								İ	
윤	CAUSE (Disease or Injury that Initiated events	cDUE TO	OR AS A CONSE	QUENCE (DF):								1	
E	resulting in death) LAST													
핑		d											1	
A	PART II. Other significent condition			resulting	In the u	ndertyln	g cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FI	
MEDIC	ASCUD	CCH.								1 - YES 2	□ NO		COMPLETION OF C	AUSE
Ä													YES 2	NO
M	25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATH (C	heck only o	nne)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		no 5 12 A	lesidence	6 🗆 Oth	er (Specify)				
ΗY	27. MANNER OF DEATH	28e. DATE O		26b. Ti	ME OF	26c. IN.	JURY AT		28d. DE	SCRIBE HOW	NJURY OC	CURED		
	Tanding 3 Fanding M 4 Vec 3 No													
BY	2 Accident investigation 3 Suicide 6 Could not be		OF INJURY At he	ome, farm	street, fac	ctory, offic	20		281. LO	CATION (Street	end Number	or Rural Ro	ute Number,	
E	4 Homicide determined	bullang	, etc. (Specify)						l un	y or Town, State,				
E	29e. CERTIFIER	CIAN: To the best of	of my knowledge d	eath occur	red at the	Hone dist	and plac	e and du	e to the co	wee/e) and me	Door on stat	hed		
COMPLETED	One)	R: On the besie of											end menner ee s	tated.
00	29b. SKIMATURE AND TITLE OF CERTIFIE	_//	11											
BE	270. SIGNAL THE OF CERTIFIE	ova Vist	12/21	11				ENSE NU			Z9d. DAT	PA E	Month, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETE CA	USE OF OFATH TITE	M 27) /5	ne Print)		00	70	00			10	110	

Citiza no

(A)

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27326

	REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	G. NO.	70	21320
,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH
ì	CLINTON BRITTAIN				10		1990	12:47 7
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	6. BIRTHPLA	NCE (State or Foreign
		U YRS.		HOURS MIN.		,1930		ryland
OR	90. FACILITY NAME (If not institution, give street end number) UNION MEMORIAL HOSPITAL	9	BALTIM	LOCATION OF DE	ATH	9c. COL	UNTY OF DEAT	Н
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c CITY I	OWN OR LOCATIO	NI .			10.	d. INSIDE CITY
DIR	Md. BAltimore		Midd	le Rive	er		1 [LIMITS?
FUNERAL DIRECTOR	12920 Eastern Ave.		101. 2	21220		10g. CIT	USA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	™ NO	If yee, spec	NDENT OF HISPAN Ifly Cubert, Mexicar NO Specify	, Puerto Rican,		Black, W Specify:	American Indian, Thite, etc. Thite
	15. DECEDENT'S EDUCATION 16	. DECEDENT'S US	UAL OCCUPATION		16b. KIND	OF BUSINESS/IN		MIL CC
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during most etired.)	of working				
<u>N</u>	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI	AF (First Middle	Maiden Sumeme)		
BE CC	Charles E. Brittian				rence			
TO B	190. INFORMANT'S NAME (Type/Print) Geneva Miller			ern Ave				21220
	20a_METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	ACE OF DISPOSIT	ill Ce:	metery		20c. LOCATION - Balti		
	2)-SIGNATURE OF FUNERAL SERVICE LICENSEE			ADDRESS OF FAC	ZILITY			
	() to said si		Conne	llvFune	eralHo	me300M	[AceAv	re.21221
	23. PART I. Enter the diseases, or complications that caused th	e death. Do not		_				Approximate
	shock, or hesr(fallure. List only one cause on sach	line.					,	Interval Between Onset and Death
-	IMMEDIATE CAUSE (Final disease or condition	0.1		ALP	+==			15 minutes
	reaulting in deeth) a. DUE TO (OR AS A CO	NSEQUENCE OF):	munay	7 1314	CS 1			17 WIND
2								!
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	INSEQUENCE OF):		_				
3	cause, Enter UNDERLYING CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	INSEQUENCE OF):						
5	d							1
ا نِـ	PART II. Other significant conditions contributing to death but			cause given in		WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS
2	Anemia - GI BU	EEDIN	G.			YES 2 NO	CC	OMPLETION OF CAUSE F DEATH?
								YES 2 NO
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M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)			
)S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Nopatient 2 ER/Outpatie		OTHER:	5 - Residence	6 Other (Spe	cify)		
PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	TY WOR		28d. DESCRIB	E HOW INJURY O	CCURED	
ВУ	2 Accident Investigation 3 Syleide 26a. PLACE OF INJURY —	At home, farm, str		ES 2 NO	281. LOCATION	(Street and Numb	per or Rural Rou	te Number,
COMPLETED	4 Homicide determined building, etc. (Specify)				City or Tow	in, State)	2.2 8	
7	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my knowledge)	ge, death occurred	at the ilme, date	and place, end due	to the cause(e)	end manner as st	tated.	
MO	one) 2 MEDICAL EXAMINER: On the beele of examination as	nd/or investigation,	In my opinion, de	eth occured at the	time, date end p	plece, end due to	the cause(a) a	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	ABER	29d. D/	ATE SIGNED (M	fonth, Day, Year)
O BE	John Moleswort					•	10/6/	90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			11. 11	10 11	^	n Q	
	31. DATE FILED (Month, Day, Year)	Union !	Memorial	Hospell	115017	more 1	1100	
	OCT 09 1990 July Deviden-Rand	LOC		100				

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the democratic design of the company of t	FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, dremation, or removal.	TANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean certified the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and o	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burit	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic
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30, NAME AND ADDRESS OF

FOR STATE REGISTRAR 90 27327 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR 6, MILDRED BRACK 1990 2:40 Oct. AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 DM &XXF YRS. 5-29-1902 214-24-3060 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Rossville N.H. Rossville Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY 1 YES XX NO Maryland Harford Joppatowne RAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 37 Court Drive 21085 U.S.A. FUNE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES XXNO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) dary (0-12) Years Housewife Home 17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Maiden Surname) Charles В. Bel1 Ethel Overcash BE 190, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Gloria M. Trumbetas 37 Court Dr. Joppatowne, Maryland 21085 20s. METHOD OF DISPOSITION

XIX Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or Dulaney Valley Mem. Gar. Balto.Co., Maryland 21. SIGNATI FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William E. Johnson, P.A. Funeral HOme 6 a al 8521 Loch Raven Blvd. Towson, MD21204 23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. val Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition dear resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | EP/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nur ng Home 6 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 🔲 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death oc 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 99 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 90

31. DATE FILED (MOST), 699 1990 J. SEGISTEAR'S SIGNATURE Juna Daydon Handelle

		REGISTRAR DECEDENT'S NAME (First, Middle, Last)	George 1		Best		REG. NO.	0-04-9	3. TIME OF DEATH 3
		GEORGE	F.	BEST			10 4	80 YE	930 PM M
	1	I. SOCIAL SECURITY NUMBER		(in yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Yber)	0.1	BIRTHPLACE (State or Foreign Country)
Dia .	⊪	62-03-7222		77 YRS		OR LOCATION OF DEATI	(Morgh, Day Year) 11 -1 5-1	91.2 9c. COUNTY	Maine
3 should	ı	Be. FACILITY NAME (If not institution, give					`		
7 5		INTON M MORTAL. RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT		100 (EITY, TOWN OR LOCA	OPE CITY			10d, INSIDE CITY
DIRECTOR	1	Maryland -		100.	Balti				LIMITS?
1 k	1000	100. STREET AND NUMBER			_	of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
W E	L	4416 Wickford				21210		USA	
BY FUN		I1. MARITAL STATUS I Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Mexican, F S 2 NO Specify:		10/225	RACE — American Indian, Black, Whita, etc. Specify; White
	ı	15. DECEDENT'S EDI	JCATION e completed)	16a. DECEDEN	T'S USUAL OCCUPAT	ION lost of working	16b. KIND OF BU	SINESS/INDUST	RY
ž W	I	Elementary/Secondary (6-12)	College (1-4 or 5+)		of work done during in use retired.)		Manufa		ng sociation
once.	1	17. FATHER'S NAME (First, Middle, Last)	4yrs	Chem	ical En	18. MOTHER'S NAME			SOCIA (IOII
8 # B	İ	John Edward G	ould Best				Julia Bo		7
notified TO BE	I	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou			
page 5.	L	Randolph B. B							MD 21210
	1	20s. METHOD OF DISPOSITION 1 Burisi	noval from Stata	other place)	Cremato	ry, Inc.		cation - chy	or Town, State
		21. SIGNATURE OF FUNERAL SERVICE E		10010	22. NAME	and appress of faciliation Soci	ITY.	C Manual	7
e runeral di examiner	I	George E.	MacNabb		Crem	ation Soc Frederic	clety of	i Mary	MD 21228
E S S	1	23. PART I. Enter the diseeses, or	complications that cause						Approximate
3 6 g		ahock, or heert fellure IMMEDIATE CAUSE (Finel	List only one ceuse on		1 . 0 - 1/0	Δ. Δ.			Interval Between Onset and Death
		disease or condition	· NON-HON	V	MANAHO	MA			3 YEARS
S 78 65		_	ABUM ALL	A CONSEQUENCE	: OF):				
2 3 5 Z		Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	OF):				
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prior to b		if any, leading to immediate cause. Enter UNDERLYING	c						
physician and prior to ner traum		if any, leading to immediate	cDUE TO (OR AS	A CONSEQUENCE	: OF):				
ending physician a Hygiene prior to or other traum ERTIFICATION		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d						
y the attending physician and Mental Hygiene prior to injury, or other traum		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d			ng cause given in Pa	rt I. 24s. WAS AN PERFO 1 □ YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
on signed by the attending physician a of Heatth and Mental Hygiene prior to hows any injury, or other traum MEDICAL CERTIFICATIK		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d			ng cause given in Pa	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
on signed by the attending physician a of Heatth and Mental Hygiene prior to hows any injury, or other traum MEDICAL CERTIFICATIK		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions to the conditions of the conditions of the conditions of the conditions of the cause of	d		ng in the underlyi	ng cause given in Pa	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
on signed by the attending physician a of Heatth and Mental Hygiene prior to hows any injury, or other traum MEDICAL CERTIFICATIK		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d. one contributing to death	but not resultis	26. OTHER:	PLACE OF DEATH (Check	PERFO	PMED? 2 0 10	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
this certificate has been signed by the attending physician a with the State Dept. of Health and Mental Hygiene prior to Ked, or Item 23 shows any Injury, or other traum PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the cause of the condition of the cause of	d	but not resultis	26. A OTHER: A 4 Nursing Ht	PLACE OF DEATH (Check time 5 Residence 6 NUURY AT 2 ORK?	PERFO	PMED? 2 0 10	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
After this certificate has been signed by the attending physician a death with the State Dept, of Health and Mental Hygiene prior to it marked, or Item 23 shows any injury, or other traum. BY PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	d	but not resultis	26. A OTHER: A OTHER: A OTHER: A INJURY M 1	PLACE OF DEATH (Check ome 5 Residence 6 NJURY AT ORK? YES 2 NO	PERFO 1 YES: only one) Other (Specify) ed, DE\$CRIBE HOW 6f. LOCATION (Street	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
TION: After this certificate has been signed by the aftending physician after death with the State Dept. of Health and Mental Hygiene prior to 28 is marked, or Item 23 shows any injury, or other traum IED BY PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions: 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	d. In contributing to death I OSPITAL: I Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Year)	but not resultis	26. A OTHER: A OTHER: A OTHER: A INJURY M 1	PLACE OF DEATH (Check ome 5 Residence 6 NJURY AT ORK? YES 2 NO	PERFO	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
AL DIRECTOR: After this certificate has been signed by the attending physician a 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to if item 28 is marked, or item 23 shows any injury, or other traum MPLETED BY PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not be detarmined 1 CERTIFFING PHY Check only 1 CERTIFFING PHY	d	tpetient 3 Do. 28b.	26. A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: B OTHER	PLACE OF DEATH (Check ome 5 Residence 6 NJURY AT ORIX? YES 2 NO Note 2	only one) Other (Specify) d. DESCRIBE HOW 8f. LOCATION (Street City or Town, State the cause(s) and ma	INJURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician a filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to IPORTANT: If Item 28 is marked, or Item 28 shows any injury, or other traum BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not be detarmined 1 CERTIFFING PHY Check only 1 CERTIFFING PHY	d	tpetient 3 Do. 28b.	26. A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: A OTHER: B OTHER	PLACE OF DEATH (Check ome 5 Residence 6 NJURY AT ORIX? YES 2 NO Note 2	Only one) Other (Specify) ed. DESCRIBE HOW of. LOCATION (Street City or Yown, Stells the cause(e) and mane, data and place, a	INJURY OCCUR and Number or an inner as stated, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO RURAL Route Number,
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to TANT: If I Item 28 is marked, or Item 23 shows any injury, or other traum COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATIVE		If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS.	d	tpetient 3 DO. 28b. IY — At home, far ecify) wiedge, death occion and/or investig	26. A OTHER: A 4 Nursing H: TIME OF INJURY M 1 m, street, factory, off	PLACE OF DEATH (Check time 5 Residence 6 NUURY AT VORK? YES 2 NO Ince 2 As and place, and due to death occured at the time	Only one) Other (Specify) ed. DESCRIBE HOW of. LOCATION (Street City or Yown, Stells the cause(e) and mane, data and place, a	INJURY OCCUR and Number or an inner as stated, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO Rural Route Number, suse(a) and manner as stated.

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM CERTIFIC			REG. NO.	E 7	0 21329
	1. DECEDENT'S NAME (First, Middle, Last) ALFRED (NI	MA) BER	GE			2. DATE OF DEATH DAY OCTOBER O	3 /990	
	400 40 40	5. SEX 6. AGE (In		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Morth, Day, Year)	400	HRTHPLACE (State or Foreign Journey) EW York
HOL	9a. FACILITY NAME (If not institution, give stre University of Mary	and Hospi	tal "	Ba 1+1	MORE	TH .	Sc. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	1 1		OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Anne A	rundel	Gler	Burni	E ZIP CODE		10g. CITIZEN	1 ☐ YES 2 ☒ NO OF WHAT COUNTRY?
LONEHAL	408 7th Ave. N.E.				21060		USA	
ā	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN I FORCES? 1 X YES IF YES, GIVE WAR OR DAT W.W.II	2 NO	If yes, spe	ENDENT OF HISPANI- city Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	The state of the s	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUC/ (Specify only highest grade of	ompleted)	(Give kind of work life. Do NOT use re	done during mod		16b. KIND OF BUS	INESS/INDUST	RY
COMPLEI	Elementary/Secondary (0-12) 10th	None	Deliver	у		Cloverla	and Far	m Dairy
	17. FATHER'S NAME (First, Middle, Last) Andrew	Rom	~~			E (First, Middle, Maiden		
O BE	19a. INFORMANT'S NAME (Type/Print)	Ber	-	DRESS (Street a	Helena nd Number or Aural Ac	oute Number, City or Town	Johns 1, State, Zip Coo	
=	Geraldine R.	Berge	Same a	ıs 10				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOSITION (CONTROL OF CONTROL OF				CATION — City	
	21. SIGNATURE OF FUNERAL MAYICE LICE		ryland Ve		D ADDRESS OF FAC		nsvill	e, Maryland
	* He Velson	Zuml	-		TON FUNEIND AVE. S		BURNI	E, MD. 21061
	23. PART I Enter the diseases, or company or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only time cause on each	the death. Do not the line.	n farc	to of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	LY.	U (Jeon			TOYCON
MEDICAL	Coronary An	contributing to death bu	t not resulting in t	Surge)		Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Che			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpe	28b. TIME O	F 28c, INJ	URY AT	S Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 🗆	RK? /ES 2 NO			
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, stre	et, factory, offic		281. LOCATION (Street of City or Town, State)	and Number or I	Burel Ploute Number,
COMPLE	onel _	HAN: To the best of my knowle I: On the basis of examination						suse(s) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER SUMMERS OF CERTIFIER AND THE CONTROL OF CERTIFIER AND T	o Staft	Physi	rian	29c. LICENSE NUM	BER 37	29d. DATE SI	GNES (Morth, Day, Year)
	Brille SIMON, M.		th (ITEM 27) (Type, Pri		of Bo	Himore	Mar	Vland 21209

31. DATE FILED (Month, Day, Year)
0CT 9 1990

should		oliffed
page 5		be n
director,	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
funeral		examin
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 90 27330							
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH, DAY VEAR OCTOBER 02 1990 1. DECEDENT'S NAME (First, Middle, Lest) OCTOBER 02 1990							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 AF 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month) Day, Men' 1 M 2 AF 7. DATE OF BIRTH (Month) Day, Men' 1 M 2 AF 8. BIRTHPLACE (State or Foreign Country)							
~	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY PARTITIONED CITY							
5	RESIDENCE OF DECEDENT BALTIMORE CITY BALTIMORE CITY							
DIRECTOR	10a. STATE 10b. COUNTY 10d. INSIDE CITY 1.MITS? 10d. INSIDE CITY 1.MITS? 10d. VES 2 □ NO							
FUNERAL	1930 N. Washington I 21213 10g. CITIZEN OF WHAT COUNTRY? 21213							
₽	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, etc.) 16. RACE — American Indian, Black, White, etc. 17. YES 2 NO Specify: 17. YES 2 NO Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (in the control of th							
ш	17. FATHER'S NAME (First, Middle, Last) Mary Land Politon Harris Mary Emer Summer							
TO B	190. INFORMANT'S NAME (Type/Print) () Brown 2250 Cecil Or Barb 1121218							
	20a. METHOD OF DISPOSITION Double 2 Cremetton 3 Removal from State							
- CASH	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 13047 Manual U. Denote Tourish Levelon							
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory strest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. WYOCARDIA INSOFFICIENCY INOUT							
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST LAST DUE TO (OR AS A CONSEQUENCE OF):							
CER	d							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. LRL + ON K R							
W :	1 YES 2 NO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
IX	1 YES 2 NO 1 Inpetiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 8 Rasidance 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED							
	1 KNetural 5 Pending September 29 19978 100 PM 1 YES 2 KNO Fell C+							
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office 4 Homicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Coloct 2, 1990							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Johns Hopkus Hospital, 600 North Wolk St., Baltimore MD 212-05							
	October 2, 1990 OCT 09 1990 Julia Swidson-Randalle							

DHMH-18 Rev 1/89

DESTRUCTION

Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN! The secretary that the deem confince of the properties within 24 mours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been uponed by the american present of the following the funeral director, page 5 should be detached for use as	emation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other mains event, the medical examiner must be notified at once.
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Mea	e p	1	other
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The line	is has b	te Dept.	III 23
ICIAM	Sertifica	the Sta	0 m
O THE HOSPITAL DR ATTENDING PHYS	O THE FUNERAL DIRECTOR: After this c	be filed within 72 hours after death with the Stare Dept. of Hearth and Mental Hyp. 2 prior in Minal, cremation, or removal.	MPORTANT: It item 28 is marked,

BY

COMPLETED

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2

90 27331 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YFAR 1635 PM James **Thomas** Conner Oct. 1990 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year 6. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1/X M 2 - F 217-16-9508 Oct. 31 1915 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Kimbrough Hospital Ft. George G. Meade Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO Ocean City Maryland Worcester FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 101 ZIP CODE 289 H. Salisbury Road 21842 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, Whita, atc. 11. MARITAL STATUS 1 Never Married 2 Married Specify: White 1 TYES 2 NO Specify: BY 3 ₩ Widowed 4 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Sp Elamentary/Secondary (0-12) Collega (1-4 or 5+) Warrant Officer 12 Army 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) James Stone Conner Etta Florence Mills BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas A. Plourde 222nd Street, Pasadena, Md. 21122 20a. METNOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, Stata 1 Burial 2 Cremation 3 4 Other (Specify) Whitecoat United Meth. Ch. Cem. Snow Hill, Maryland 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY an Lemmon-Mitchell-Wiedefeld W. Clary Bryan Timonium, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 6 mos metustatic lung can cunoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVEIL ARE F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 M NO 1 TYES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 6 - Rasidenca 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Yoar) 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide

29a. CERTIFIER (Check only one)

1 SQ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as atteted.

David Hanchenal was Got MC	29c LICENSE NUMBER D37424	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DAVIC) H.	DURC	HENTL	
TE FILED (Mon	th, Day, Ye	er)	32. DEGISTRABIS SIGNATURE	-

OCT 09 1990 Julia Davidson-Randsee

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x, acturs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at hield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MARGARITA A.

31. DATE FILED (Month, Day, Year)

OCT 09 1990

KORELL, MD

32. REGISTRAR'S SIGNATURE
Lia Davidson-Randelle

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) Ethe	1		Che	ester				2. DATE OF MONTH 1 ()—	DEATH DAY		YEAR	3. THE OF BEAM 6- 11:41PM M
	4. SOCIAL SECURITY NUMBER 217 – 34 – 4392	5. SEX	6. AGE (In yrs. last 70	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE OF		0	8. BIRTI Count	IPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give str Bon Secours Hosp									INTY OF E	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2714 W. Mosher St	reet				10f	zip code	216				S A	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	T EVER IN U.S. ARI YES 2 N	MED		If yes, spe		n, Mexicer	n, Puerto Rica	Specify Yee or an, etc.)	No-	14. RAC Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)		(GI	CEDENT'S tve kind of Do NOT u	USUAL O work done se retired.)	CCUPATIO during mo	ON st of workin	og.	16b. Ki	ND OF BUSIN	ESS/IN	IDUSTRY	Druck
	17. FATHER'S NAME (First, Middle, Last) Jessie Galloway						18. Morri		ME (First, Mide	dle, Maiden Su	mame)		
TO BE	190. INFORMANT'S NAME (Type/Print) Vernon Chester		198				nd Number	or Rural F		City or Town,			21216
	20a. METHOD OF DISPOSITION 1 Grant Buriel 2 C Cremetion 3 Remo	ovat from State	20b. PLACE other pla	OF DISPO		eme of cen	netery, cren	natory or	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20c. LOCA	TION -	- City or T	own, State
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENGES /			22.	Mar	ch F	/H W	lest	0.000			
	23. PART Enter the diseases, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) — Chronic obstructive pulmonary disease										rreat,	Approximate Interval Between Onset and Deati	
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
O	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? PERFORMED? PERFORMED? COMPLETION OF CAUSE												
N: MEDICAL										₹x es □ HUQUI			OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXXS 2 \(\text{\text{\text{N}}} \) NO	HOSPITAL:	XXI/Outpatient 3	DOA	OTHE 4 Nu	A:			8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH XXX stural 5 Pending 2 Accident Investigation		Day, Year)	,	IJURY M	1 []	-] NO	28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident 3 Suicide 4 Homicide 2 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 2 Certifying Physician: To the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and due to										er or Rural	Houte Number,	

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT (CERTIFICATE		ITAL HYGIENE REG. NO.	90 27333
1. DECEDENT'S NAME (First, Middle, Last)	(Durvin P. Cromwe	el, Jr.) 2.5	DATE OF DEATH	3. TIME OF DEATH
Durwin	P. Cromwell.		10 2	90 10:23 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 5. AGE (In yrs. lest birthday) IF UNDER 1 V		Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
231-82-2196 9a. FACILITY NAME (If not institution, give atr	1 1 1 2 F 37 YRS. WHITE	WN OR LOCATION OF DEATH		Norfolk, Virgi
University Hosp RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		ltimore		OUNT OF BEATT
10a. STATE 10b. COUNTY	10c. CITY, TOWN OR			10d. INSIDE CITY LIMITS?
V 2/2 U 2/2	Virginio	Beach 101, ZIP CODE	100	1, YES 2 NO
1332 Graulun R	a a d	23464		1104
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED 13. WA FORCES? 1% YES 2 NO If y	DECENDENT OF HISPANIC OF A specify Cuban, Maxican, Pures 2 NO Specify:	RIGIN? (Specify Yes or No	
3 Widowed 4 Divorced	Present			Black
16. DECEDENT'S EDUC (Specify only highest grade of Elamoptary/Seconders (0-12) 12 years	completed) (Give kind of work done dur	g most of working	Serviceme	an U.S. Air Fo
17. FATHER'S NAME (First, Middle, Last) DURVIN P. Cro		borothy	Flost, Middle, Meiden Surne Edmonds	nme)
190. INFORMANT'S NAME (Type/Print) Lilian Cromwell	1 106. MAILING ADDRESS (S 1 3 3 2 Gray)	yn Road Vi	Number, City or Town, Ste rginia B	each, Virginia
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remo	20b. PLACE OF DISPOSITION (Name other place)			DN — City or Town, Steta
4 Donation 5 Other (Specify)	Roosevelt Me	MONICAL PAR	Y	apeak Virginia
Sury fo			638	N. Gilmor Stree imore, Maryland
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):			
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE OF):	· 		
resulting in death) LAST	d			
PART II. Other significant condition	s contributing to deeth but not resulting in the under	fying cause given in Part	i. 24a. WAS AN AUTO PERFORMED	? AVAILABLE PRIOR TO
			1 TES 2XX	NO OF DEATH?
			INSPECT	1 TON
25, WAS CASE REFERRED TO MEDICAL		R6. PLACE OF DEATH (Check o		
EXAMINER?	HOSPITAL: OTHER: XIX Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursir	Home 5 Residence 8		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	c. INJURY AT 286	d. DESCRIBE HOW INJUR	n auto/fixed object
	26s. PLACE OF INJURY — A1 home, ferm, street, factor building, etc. (Specify) **YOAd**		City or Town, State)	Number or Rural Route Number,
(Crieck Only	CIAN: To the best of my knowledge, death occurred et the tim	and the second second		
THE SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUMBER	R 290	d. DATE SIGNED (Month, Day, Year)
the Lat		OCME		10-3-90
	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	enn St., Balt	to Md 1	21201
FRank J. Pe	recti, M.D.	sini be., bare	co., na. 2	21201

BALTIMORE, MARYLAND, 1203-146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within and referrent properties. Place 6 may be retained by the health and the death of the attention physician and completely filled in by the funeral director, page 5 should be detained to the assessment to the burial-transit permit. Pace filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
P.O. BOX 13146,	leath certificate be executed witt attending physician and complet mal Hygiene prior to burial, cren y, or other traumatic event
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filed within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
DIVISION	TO THE HOSPITAL OR ATTENDING IN TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is man

1. QECEQENT'S NAME (FI	rst, Middle, Last)							2. DATE	OF OEATH		VEAD	3. TIME OF BEATH
	CHARLES	W.		C	RAWF	ORD			10	5	AT .	90	413 9
4. SOCIAL SECURITY NU	-	S. SEX		yrs. lest birthday)		R 1 YEAR	IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
250-56-14	16	1 M 2 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	I I	16-38		8. BIRTH Country	"S.C.
90. FACILITY NAME (If no	t Institution, give	street end number)			9b. CIT	Y, TOWN	QR LOCATI	ON OF OE	ATH		9c. COU	NTY OF O	EATH
1547 UPSHI	RE ROA	AD.			BA	LTTM	ORE (CITY					
RESIDENCE OF D	ECEDENT												
10e. STATE	10b. COUN	TY	4.4		TY, TOWN								10d, INSIGE CITY LIMITS?
MD				BAL	TIMO							4-1	YES 2 NO
10e. STREET AND NUMBI						10	of. ZIP COQ				10g. CIT		VHAT COUNTRY?
1547 UPSH	IRE RO	AD					212	18				USA	
11. MARITAL STATUS		12. WAS DECEQUI			13		CENCENT (17 (Specify Yes	or No-	14. RACE	— American Indian, c, White, etc.
1 Never Married 2		IF YES, GIVE					S 2 NO			ricen, etc.)		Speci	My:
													BLACK
	ECEDENT'S ED		1	6a. QECEQENT'S	work done	during m	ION lost of world	ng	16b	KINQ OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 8	+)	ille. Do NOT	use retired.)			_		_		
11th Grade									B	altimo	re T	ruck	ing Plaza
17. FATHER'S NAME (First	Middle, Last)									Middle, Melden	Surname)		
Pete			Crav	wford			B1	ickl	ey			Fos	ster
19a. INFORMANT'S NAME										ber, City or Tow			
Cleaster		Crawford		1547	Ups	hire	e Roa	d/Ba	ltim	ore, M	aryl	and 2	21218
20e. METHOD OF QISPOS		manual drawn State	20b. P	PLACE OF CISPO	SITION (Varne of co	emetery, cres	metory or		20c. LO	CATION —	City or To	wn, State
4 Donation 8 Dot		movar nom state	_ Woo	odlawn	Ceme	tery	7			Wo	odla	wn, l	Maryland
disease or condition resulting in death) Sequentially list confi any, leading to improve the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L.	ditions, nediate LYING njury	b. QUE TO	O (OR AS A C	CONSEQUENCE O	OF): QIF):		VO REPA						8 μυμ
PART II, Other eignif	cent conditi	ons contributing to	2 death but	t not resulting	In the u	underlyl	ng ceuse	given in	Part I.	24a. WAS AN PERFOR	MEO?	24b	N. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF CEATH?
25. WAS CASE REFERRE	TO MEDICAL					26. 1	PLACE OF	DEATH (Ch	eck only or	ne)			
EXAMINER?		HOSPITAL:	☐ ER/Outpat	lent 3 DOA	OTHE 4 N		me 5 R	esidence	6 C Othe	er (Specify)			
27. MANNER OF GEATH		28e. DATE O	F INJURY	28b. TI	ME QF	28c. IP	JURY AT			SCRIBE HOW I	NJURY OC	CUREQ	
1 Natural 5	Pending		Day, Ybar)		YJURY M		YES 2	□ NO	10000				
2 Accident 3 Suicide	Investigation	28a PLACE	OF INJURY -	- At home, farm	, street, fa				28f. LOC	CATION (Street	and Numbe	r or Rural I	Route Number
4 Homicide	Could not be determined	building	, etc. (Specif)	1)					City	or Town, State)			
29e, CERTIFIER				-0.00		- 0	-0.01			area and	1141		
(Check only		SICIAN: To the best o											
2 🗆 <u>M</u>	EUICAL EXAMI	NER: On the beele of	examination	and/or investigat	tion, in my	opinion,	death occu	red at the	time, date	end place, ar	nd due to t	he cause(e) and manner as state
290. SIGNATURE AND TO	TLE OF CERTIF	IER, /					29c. LIC	ENSE NUI	MBER		29d, DA	TE SIQNEO	(Month, Day, Year)
Unve	nu	Nyy /	40				27	138	55		1	0/8	190
30. NAME AND ADDRESS	OF PERSON V	WHO COMPLETED CA	USE OF GEAT	TH (ITEM 27) (7)7	oe, Print)		11					1	
DANIEL	- F2	=1127x6	- , /	40.	30	10	YEN	H	RD	BA	47	MI) .
31. DATE FILED (MOOD)	7,1985	32. AEGISTE	AP'S SIGNAT	TURE									
20 AMI/ 12:	S CLERASII	The state of	/ lasted and	_/Admcka S	Park.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZY hours after death. Page 5 mer. Actions by the the standard physician and completely filled in by the funeral directions. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions. The funeral directions after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR OECEDENT'S NAME (First, Middle, Last) JOSEPHINE	M CHECK	ידידי					2. DATE	OF DEATH	1	I	3. TIME UP DEATH
							MONTO 10			90°	4:30A
. SOCIAL SECURITY NUMBER	5. SEX 6	8. AGE (In yrs. Ia 84	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH 1, Day, Year) 0-9-05		Countr	PLACE (State or Foreign y) nsylvania
a. FACILITY NAME (If not institution, give str Union Memorial Ho	· ·					imore	DEATH		9c. COUN	N/A	EATH
DESIDENCE OF DECEDENT 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d, INSIDE CITY
Maryland N/	A		В	alti	more	1					LIMITS?
613 Walker Ave.					101	21212	•		10g. CITI	USA	VHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Married 4 Divorced	12. WAS DECEDENT I FORCES? 1 FYES, GIVE WAR	YES 2X	RMED NO		If yes, sp	ENDENT OF HISP ecity Cuben, Mexic 2 100 Spec	en, Puerto	17 (Specify Yes o	or No-	14. RACE Black Speci	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. D	ECEDENT'S Give kind of le. Do NOT u	USUAL O	CCUPATIO during mo	ON ast of working	166	KIND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Dwner				R	etail I	adie	es Fo	oundation
7. FATHER'S NAME (First, Middle, Leet) Charles Albert K	ane	5 6				Mary I		Middle, Maiden S	Sumame)		
on informant's name (Type/Print)	ane	1	9b. MAILING	ADDRES:	S (Street a	Mally I	_		State, Zip	Code)	
Tomasina C. Bower	man		613 F	Valke	er A	ve. Balt	co. Me	1. 2121	2		
0s_METHOD OF DISPOSITION A\Delta Donation 5 Other (Specify)	wal from Stats	other p	e of dispo			metery, crematory of			i mor	-	wn, State Maryland
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1. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or capacity or heart follows.	omplications that	Caused her d	laath. Do		Mit 650	no address of the control of the con	iedef Rd. 2	1212		reat,	Approximate
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FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

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abaugh							2. DATE OF DEATH MONTH	Av 1	Y50 0	3. TIME OF DEAT	гн Ам
5. SEX	8. AGE (In yrs. la	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/15/51		Countr	PLACE (State or Forty) 'yland	reign
e street and number)			Balt		or Locati		EATH	9c. CO	UNTY OF D	EATH	
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12, WAS DECE FORCES?	DENT EVER IN U.S. A						NIC ORIGIN? (Specify Y	es or No-		E — American Indik, White, atc.	en,

Milton Louis Cl SOCIAL SECURITY NUMBER 213-58-4529 9a. FACILITY NAME (If not institution, glv DIRECTOR 632 Gorsuch Ave RESIDENCE OF DECEDENT Maryland FUNERAL 10e. STREET AND NUMBER 632 Gorsuch Aven 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Wildowed 4 Divorced White LETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR ntary/Secondary (0-12) College (1-4 or 5+) McCownick & Co. COMP vears Computer Analyst 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Milton Lee Clabaugh Catherine Elbourn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Lela A. Eckman R.D. 4 Box 117 Beaver Falls, Pennsylvania 15010 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 🔀 Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Green Mount Cemetery Baltimore, Maryland 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John G. Reitz 6500 York Rd, Baltimore, Maryland 21212 23. PART I. Entar tha diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition OUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sakcomo DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Initiated events Immun resulting in death) LAST PHYSICIAN: MEDICAL PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 24a. WAS AN AUTOPSY COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one HOSPITAL: 1 YES 2 NO OTHER: 1 - Inpatient 2 - ER/Outpatient 3 - DOA ne 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only TECRNIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the b n and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated 29h SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 118 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) MI Vernon SUPREGISTRAN'S SIGNAT

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32. REGISTRAR'S SIGNATURE

Julia Davidson

31. DATE FILED (Month, Day, Year)

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BOX 13146, P.0. RECORDS, DIVISION OF VITAL

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PEG. NO. 27338

			1100-	3 0-				3. TIME OF DEATH		
1. DECEDENT'S NAME (First, Middle, Last)	. 1	n For	rest	A. Can	ubbett	2. DATE OF DEAT	DAY	YEAR 0250		
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest	//		. T	7. DATE OF BIRTH	4	8. BIRTHPLACE (State or Foreign		
238-260-368	1)X M 2 🗆 F	6.6		MONTHS DAYS		(Month, Day, Yea		North Carol:		
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWI	OR LOCATION OF D	EATH	9c, COUN	ITY OF DEATH		
Harbor Hosp	ital Cente	er		Ba1	timore	City	Ξ	=====		
MO. STATE 10b. COUN	TY ====		10c. CITY,	3 Altim				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 4942 PE	NNING TON	Ave			2/22	6	10g. CITI	ZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced		TEVER IN U.S. ARI YES 2 N AR OR DATES VALUE II		If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specif	in, Puerto Rican, etc		14. RACE — American Indian, Black, White, etc. Specify: White		
16, DECEDENT'S ED (Specify only highest grad	de completed)	(Gi	CEDENT'S L	USUAL OCCUPA ork done during o retired.)	TION most of working	16b. KIND OF	BUSINESS/IND	USTRY		
Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5 -	·)			ne Worker	- Am	erican	Standard		
17. FATHER'S NAME (First, Middle, Last)			LODGI	ibory zia		ME (First, Middle, Ma		D ddiiddi d		
Andrew	Campbel:	1				ola Mae H				
19a. INFORMANT'S NAME (Type/Print)	Campbers		. MAILING	ADDRESS (Street	et end Number or Rural		-	Code)		
Mary A. Campl	œ11							aryland 21226		
20a, METHOD OF DISPOSITION 1. K Burlel 2 Cremetion 3 Re		20b. PLACE	OF DISPOS		cemetery, crematory or			City or Town, State		
1. Buriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	movel from State	Meado	owrid	lge Mem	orial Par	k	Baltimo	ore, Maryland		
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	0				once Fur				
	1 (0	1 /	1)							
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death center of the death center of the management of	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a find within 72 hours after death with the State Dept. of Health and Medical Husberr and Me	MPORTANT: If Item 28 is marked, or item 23 shows any injudy, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, T.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been sloned by the attention months and completely filled in by the fact within 72 hours after death with the State Deot, of Health and Medical Hopens.	IMPORTANT: If Item 28 is marked, or Item 23 shows any inju-	

	FOR 1 - STATE REGISTRAR			NT OF HEALTH AND I	MENTAL HYGIEN		27339
	1. DECEDENT'S NAME (First, Middle, Last)	ICHETTI	t.		2. DATE OF DEATH MONTH DA	7 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	t birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
	213-07-3381	100 M 2 D F 89	YRS. MONT	HS DAYS HOURS MIN.	6 - 9 - C		TTALY
~	9a. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN OR LOCATION OF DE	ATN	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	COTT KEY		34610. CI	19	OAZ	TIMORE
HE	10a. STATE 10b. COUNTY			VN OR LOCATION	mD.		10d. INSIDE CITY LIMITS?
	MD BA	LTIMORE	194	LTIM ORE	$m_{\mathcal{V}}$	10g. CITIZEN	1 YES 2 NO
FUNERAL	104 WILLIAM	MS AVE		212	22	V	. S. A.
S.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2		13. WAS OECENDENT OF HISPAN If yes, specify Cuban Mexica	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 WWO Specify		1	Specify: VHITE
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION 16a. OE (G	CEDENT'S USUA	L OCCUPATION one during most of working ad.)	16b. KIND OF BU	SINESS/INDUSTI	RY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 +)		NTER	BF7	"H S	TEEL
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	• •	- 4
BE C	GIOVANNI	CICHET	TTI	CATHI	ERINE	ANN	Di Pietro
2	19a. INFORMANT'S NAME (Type/Print)	CICHETTI 1	b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Codi	()
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION	(Name of cemetery, crematory or	HUE 20c, LO	CATION — City	or Town, State
	1 Description 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	soval from State ST,		ANISLAUS	Cept. B	ALTE	o, CITY
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF FA	CILITY	1 -1	
	Colt	onnelly		Connell	y turent	Hon	e of Dinhall
	23. PART I. Enter the diseases, pro ahock, or heert fallure.	complications that caused the de List only one cause on each line		nter the mode of dying, suc	h ae cardiec or resp	iratory arrest,	interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Attenderation	Cardiov	walan Associa	}		Onset and Death
	resulting in death)	DUE TO (DR AS A CONSE					
S O	Sequentially list conditions,	bDUE TO (OR AS A CONSEI	DUENCE OF:				
CAT	If any, leading to immediate cause. Enter UNDERLYING	6					į
Ě	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	DUENCE OF):				
CERTIFICATION	Tostiang in death, Exci	d					
CAL	PART II. Other aignificant condition	na contributing to death but not i	resulting in th	e underlying cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 TES 1	ND ND	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI					—		1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF GEATH (C)	neck only one)		
YSIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA 4 □	HER: Nursing Nome 5 Residence			
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW	INJURY OCCURE	EO
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street		28f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
TED	4 Homicide determined	ounding, etc. (Specify)			City or lown, State	,	
COMPLET	(Crieck brilly	SICIAN: To the best of my knowledge, de					
CO	2 MEDICAL EXAMINI	ER: On the basia of axamination and/or	investigation, in				
BE	296 SIGNATURE AND TITLE OF CERTIFIE	nder, M.D.		29c. LICENSE NU		DATE SIG	SINEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print			1	
	NEAL M. FRIEDLI		33 St.	Paul Place, Sutt	iah, batte	, Md 21	1309
	3 POMEFFILES (Oprity On Year)	32 REGISTRAR'S SIGNATURE					

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2	filled	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he II
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	FOR STATE REGISTRAR	STATE OF MAR		DEPARTME RTIFICA				G. NO.	9	0 2734	0	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DEATH		
	ROLLAND	FRANK		COLLIE	ER		MONTH OCTOBER	R 3	1990		м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day)			IRTHPLACE (State or Foreign	7	
	383-03-9241	1 🖾 M 2 🗆 F 83 YRS. MONTHS DAYS HOURS MIN. June 17										
_	9a. FACILITY NAME (If not institution, give street	et and number)		9b. 0	CITY, TOWH (OR LOCATION OF DE	ATH	94	e. COUNTY O	OF DEATH		
DIRECTOR	North Arundel Hos	North Arundel Hospital							Anne Arundel			
EC	10e. STATE 10b. COUNTY			10c. CITY, TOV	VN OR LOCAT	TION			10d. INSIDE CITY			
PHO	Maryland Anne	Arundel	_ 1	Gler	Burn	ie				1 YES 2 W NO		
AL	10e. STREET AND NUMBER					. ZIP CODE		10	0g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	215 G Plymouth La	ane				21061			USA			
5	11. MARITAL STATUS 1	12. WAS DECEDENT EV FORCES? 1				ENDENT OF HISPAN			No- 14, F	BACE — American Indian, Black, White, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 NO Specify		,		Specify:	- 1	
	15. DECEDENT'S EDUCAT	TION	16a DEC	EDENT'S USUA	LOCCUPATION	N.	165 KIND	OF BUSINE	ESS/INDUSTF	White	-	
ETE	(Specify only highest grade co		(Giv life.	re kind of work d Do NOT use retir	one during mo	st of working	TOD. KINED	OI DOSINE	233/11/2031/			
7	12th	4 years	Tea	acher			Mich	nigan	Educa	ation System	m	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				seron byoton		
	Frank Collier UNKNOWN											
								0)				
Kathryn B. Collier Same as 10							<u></u>					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramovo	al from State	other plac	Ce)		metery, crematory or				or Town, State		
	4 Donetion 5 Other (Specify)	1000	Metr	o Crem				Balti	ltimore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME											
1 SECOND AVE. S.W., GLEN B									1			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
	ahock, or haert fallure. Lis	st only one ceuse of	on each lins.			da or dying, auc	n aa carolac c	/ reapmed	ory arrowr,		een	
	IMMEDIATE CAUSE (Finel	st only one ceuse of	on each lins.					и говрине	,,	Interval Between Onset and Da		
		st only one ceuse of	on each lins.							intarvai Betwe		
	IMMEDIATE CAUSE (Finel disease or condition	st only one ceuse of	on each lins.							intarvai Betwe		
ION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Sequentielly list conditions,	st only one ceuse of	on each lins.					, respirate		intarvai Betwe		
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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the tental details and demand Harrison and completely filled in by the funeral director, page 5 should be detached for use as the tental demand of the complete of the compl	to make when 7 moust are used in the man and the man a
	in 24 Hours a	ely filled in by	the medic
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DS, P.	the death	by the attend	Injury, or
RECOR	v requires tha	been signed	shows am
VITAL	ICIAN: The lav	ertificate has	or Item 23
ION OF	NDING PHYS	R: After this c	is marked.
DIVIS	TAL OR ATTE	VAL DIRECTOR	If Item 28
	TO THE HOSPI	TO THE FUNER	IMPORTANT

	1 - FOR STATE OF MAI	RYLAND / DEPARTME CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	90	27341				
	1. DECEDENT'S NAME (First, Middle, Last) DONALD E. CRAY	WLEY		2. DATE OF DEATH MONTH BA	2 1990	1330 hrs m				
	4. SOCIAL SECURITY NUMBER 5. SEX 201-32-5885 12 M 2 F 9a. FACILITY NAME (If not institution, give street and number)		8. MRTHPI Couriny)	PA						
DIRECTOR	UNIV. OF MARYLAND CANCER CENTER BALTIMORE, MD N/A									
	10s. STATE 10s. COUNTY HA	LUMBIA	31A u 1 ves 200 no							
FUNERAL	10a. STREET AND NUMBER 6421 LOCH RIDGE F 11. MARITAL STATUS 12. WAS DECEDENT EI		21044		USA					
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yee, epecify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	or No— 14. HACE— Black, Specify:	- American Indian, White, etc. WHITE				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5 +) N/A	18a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use rating C a I . A a	ne during most of working	D. C. G	overnment					
BE CON	17. FATHER'S NAME (First, Middle, Leat) Clyde J. Crawley		Lila	AME (First, Middle, Maiden : a McCarty						
TO E	Mrs. Lan Crawley		ess (Street and Number or Rural ch Ridge Rd. =							
	20s. METHOD OF DISPOSITION 0 - 0 - 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	20b. PLACE OF DISPOSITION other place) Twin Hills	(Name of cometery, crematory or Cemetery		CATION — City or Town					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE G. Truman Schwab		22. NAME AND ADDRESS OF F. 5151 Baltin Baltimore,		al Pike					
CERTIFICATION	Sequentially list conditions, b. DUE TO (OR	eliginant Mi as a donsequence of: lalignant as as a consequence of: taphylococcus as a consequence of: cf lower lobe	citis,	ading to meningitis	and	Interval Between Onset and Death Syears 11 days 2 wantu				
MEDICAL	PART II. Other significant conditions contributing to de	ath but not resulting in the	underlying cause given is	Part i. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY PHOINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 inpatient 2 E		26. PLACE OF DEATH (CHER: Nursing Home 8 - Residence							
BY PHY	27. MANNER OF DEATH 1 Netural S Pending Investigation	TURY 28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO		DESCRIBE HOW INJURY OCCURED					
		JURY — At home, farm, street, . (Specify)	fectory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural Ro	ute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my					and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER M.D.		29c, LICENSE NO	JMBER	29d. DATE SIGNED	Month, Day, Year) 2 90				
		V. OF MARYLA	ND CANCER C	ENTER, BA	LTI MORE	MD21201				
	OOT OU 4000	iden Bondate				DHMH-16 Rev 1//				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the transfer of the within 24 hours after death. Page 6 may be retained by the hospital OR ATTENDING PHYSICIAN: The law requires the death of the hospital DIRECTOR; After this certificate has been somed by the attended completely filled in by the funeral director, page 5 should be detach.	The law ate has be	equires if	100 100 100 100 100 100 100 100 100 100	o di di	OR OF THE PERSON NAMED IN	× Qii	146, ted withi	n 24 ho	ins after in by th	BALTIMORE, MARYLAND ter death. Page 6 may be retained by the hos the funeral director, page 5 should be detached.	MOR Page 6 n director	nay be	TARY etained should	LAN by the h
be fied within 72 hours after death with the State Dept. of Hearth and Mintal Hours, commandon, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic, event, the medical examiner must be notified at once.	ate Dept.	of Health thows as	and Mint ty Injury	10	other tr	anmat	irial, crem ic, event,	the m	remova	il. examin	er mus	t be r	otified	at one

Carl Sperling, M.D.

31. DATE FILED (Month, Day, Year)

OCT 0 9 1990

	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND /	DEPAR ERTIF					MENTAL	L HYGIEN	E	90	27342
	DECEOENT'S NAME (First, Middle, Last) M.	ARTHA EL	LEN DAII	EY		,			2. DATE MONTH Oct	ober 3	, 19	90	3. TIME OF DEATH 605 /3 M
	4. SOCIAL SECURITY NUMBER 217-34-7254	5. SEX 1 M 2 X F	6. AGE (In yrs. In	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH 1, Day, Year) 22, 1		8. BIRTNE Country	PLACE (State or Foreign) yland
OR	90. FACILITY NAME (If not institution, give st Manor Care Ruxton					NSON		ON OF OE	ATN	8c. COUNTY OF DEATN Baltimore			
FUNERAL DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland	Maryland Ba					ION						10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
VERAL	1310 Northview Rd					2	2IP COD				U.S	.A.	HAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	cify Cube		n, Puerto f	i? (Specify Yea Rican, etc.)	or No—	14. RACE Black, Specify Whit	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5	+)	ECEDENT'S Silve kind of Do NOT u	work done se retired.)			ng		Own Ho		DUSTRY	
E COMP	12 17. FATHER'S NAME (First, Middle, Last) Edward A. Ward		1 10	omema	iker		2 (1)		ME (First, I	Widdle, Meiden Grady			
TO B	190. INFORMANT'S NAME (Type/Print) Eugene W. Dailey		16				nd Numbe	r or Rural I	Route Numi	eah, F.			
	20e. METHOD OF DISPOSITION 1 (X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	206. PLACE other p	decal.	dral	Cen	eter	y 10		20c. Lo 00 Ba.		Md.	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204								4				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine)									Approximate interval Between Onset and Death			
`	disease or condition resulting in death) a. dehydration Due to (or as a consequence of): malnutrition												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERFLYING CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 MAN	R:			heck only o	ne) er (Specify)			
BY PHY	27. MANNER OF DEATN Neturel 5 Pending Accident Investigation	28a. DATE C		28b. TI		28c. IN.	JURY AT ORK? YES 2	_	_	SCRIBE HOW	INJURY O	CCUREO	
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At h j, etc. (Specify)	ome, farm,	street, fac	tory, offic	:0			CATION (Street or Town, State		er or Rural F	loute Number,
COMPLETED	(Criscia Oray	ICIAN: To the best of) and menner se stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end of 29b. Signaturing the TITLE OF CHIEF THE CAUSE OF DEATH (ITEM 27) (Type, Print)									MBER 98	29d. DA	TE SIGNED	(Month, Day, Year) 3-90	

5601 Loch Raven Blvd., Balto., Md.

BEGISTBAR'S SIGNATURE
Julia Davidson-Pandara

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nsit permit. Pages 1, 2, 3 should

A 13146, MAHYLAND	be executed within 24 neurs after death. Page 6 may be retained by the host	ian and completely filled in by the funeral director, page 5 should be detacher to burlal, cremation, or removal.	numatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First, Middle, Last	1)					2. DATE OF (DEATH	YEAR	3. TIME OF OEATH
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4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthda	y) IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF E (Month, De		8. BIRT	THPLACE (State or Foreign
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9a. FACILITY NAME (If not institution, give	street and number)		1	TOWN OR LOCAT			9c. (COUNTY OF	DEATH
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RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	ITY	100 (CITY, TOWN OF	LOCATION					10d. INSIDE CITY
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Md. N/	A	D	artimo	101, ZIP CO		11)	1 40.0	CITIZEN OF	WHAT COUNTRY?
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Elementary/Secondary (0-12)	College (1-4 or 8 +)	Ille. Do NO	use retired.)	uring most of worl	ur <i>ty</i>				
12th Grade		Shif	t Supe	rvisor		Du	pont		
17. FATHER'S NAME (First, Middle, Last)	3			18. MO	THER'S NA	ME (First, Middl	le, Malden Surnar	me)	
	1.76			Au	ugust	a Whit	e		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street and Numb	er or Rural F	Route Number, C	Olty or Town, State	e, Zip Code)	
Suzanne Willia	ms	371	3 5TH	Street	, Bal	timore	, Mary	land	21225
20a METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DISI					20c. LOCATIO		
4 Donation 5 Other (Specify)		Ceda	r Hill	Cemete	ery		Balt	imore	, Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	N-0-	Sa 22. N	IAME AND ADDR	ESS OF FA	CILITY MCC	ully F	unera	1 Home
James Frede			711 0	27 E I	0-4-0	ann Au	Dal	+- 1	Md 2122E
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BALTIMORE, MARYLAND

BOX 13146,

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RECORDS.

DIVISION OF VITAL

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CERTIFICATION

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DIRECTOR: After the hours after death v

TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY October 3, 1990 Myla B. DeMuth 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. N. J. June 3, 1929 044 26 6340 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 407 Donegal Dr. Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Towson 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 21204 10g. CITIZEN OF WHAT COUNTRY? 407 Donegal Drive USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 — YES AM NO Specify: 14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Walden Chase Beames Alice Sweeney Hilton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Richard G. DeMuth 407 Donegal Dr. 21204 Towson. Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Green Mount Cemetery Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY MITCHELL-WIEDEFELD HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSE Colsherally Bondy Pot su 21212 6500 York Road Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel 3yrs disease or condition resulting in death) · MAZIGNANT MELANOMA - METASTATTC DUE TO (OR AS A CONSEQUENCE OF): equentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24a. WAS AN AUTOPSY COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY --- At home, farm, street, facto building, etc. (Specify) 6 Could not be determined 4 Homicide 29s. CERTIFIER

(Chack and)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemin or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mo D288 Treto 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7801 YORK RD. TOWSON PIETRO

Guia Davidson-fandell

alogical days - No. 1

BALTIMORE, MARYLAND 21203-3146	death certificate be executed within 2-mours after death. Page 6 may be retained by the recent of any physician.	be received to use as the burial-transit permit. Pages 1, 2,		ary, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, IMPORTANT: It Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REC	G. NO.	30 4.10.0
	1. DECEDENT'S NAME (First, Middle, Last)	MAY	DALTON	/		2. DATE OF DE MONTH	DAY	YEAR 3. TIME OF DEATH
						10		90 230/ H
	4. SOCIAL SECURITY NUMBER 227-16-1074	5. SEX 6.	AGE (In yrs. last birthday) 85 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	8. BIRTHPLACE (State or Foreign Country) Virginia
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY. TOWN O	R LOCATION OF DE			INTY OF DEATH
OR	St. Agnes Hospital			Balt:				
5	RESIDENCE OF DECEDENT							Turk moves own
2		ltimore	10c. City,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
۵		ltimore		Baltimo	ore	<u> </u>		1 □ YES 2/1 NO
AL	10a. STREET AND NUMBER			101	ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?
FUNERAL DIRECTOR	7600 Clays Lane				21207			U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1			ENDENT OF HISPAN ecify Cuban, Maxican			14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE WAR			2 NO Specify		,	Specify: White
0	15. DECEDENT'S EDU	CATION	15a. DECEDENT'S U	JSUAL OCCUPATION	ON	16b, KIND	OF BUSINESS/IN	DUSTRY
E	(Specify only highest grade		(Give kind of we	ork done during mo retired.)	et of working			
7	Elamentary/Secondary (0-12) 10 Years	Collage (1-4 or 5+)	Uougorri	f.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Housewi	re	18. MOTHER'S NAI	AF /First Adjusted to	Maidea Coment	
							100	
BE	Gordon Ogle					Jane L		
0	19a. INFORMANT'S NAME (Type/Print)		11111		nd Number or Rural F		The state of the s	
_	Mr. Samuel W. Dal	ton	1333	W. 41 St	reet Ba			
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISPOSI	ITION (Name of cer	netery, crematory or		20c. LOCATION -	- City or Town, State
	4 Donation 5 Other (Specify)				Cemetery		Wood:	lawn, Maryland
	21. MONATURE OF FUNERAL SERVICE LI	CENILEE			ID ADDRESS OF FAC		1 D.	
	diana	1 H	h/		_			tors, Inc.
	23. PART 1. Enter the diseases, or	and the state of	and the day Dec					stown, MD 21133
	shock, or heart fellure.			ot enter the mo	de of dying, suci	n ea cerdiec o	r reapiratory a	rreat, Approximata interval Between
	IMMEDIATE CAUSE (Final				-	0		Onset and Death
	disesse or condition resulting in death)	· A	z. Mysc.	andia	e co	now	Hon	tau
		DUE TO (O	R AS A CONSEQUENCE OF):	-0.3			,
Z	Sequentially list conditions,	b	Hear	+ Fa	guil			
CERTIFICATION	if any, leading to immediate	DUE TO (O	AS A CONSEQUENCE OF):	~ A.			1-
S	CAUSE (Disease or injury				taul	ul		
H	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE OF):				i
ER	resulting in death) EAST	d						
	PART ii. Other significent condition	ns contributing to de	eth but not resulting in	n the underlyin	n ceuse given in	Part i 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	V A		out not resulting in	ii die diideriyiii	g codes green in		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	- FGOVE	いいのと		en M		10	YES 2 NO	OF DEATH?
ME	Court		Malbet	Co M	LULLA-	_		1 🗆 YES 2 🕽 NO
ä	l							,
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)		
S	1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Realdenca	5 Other (Spec	cify)	
Η	27. MANNER OF DEATH	28a. DATE OF IN	JURY 28b. TIM	E OF 28c. IN.	JURY AT	28d. DEŞCRIBI	E HOW INJURY O	CCURED
7	1 Netural 5 Pending	(Month, Day,	rear) ING		YES 2 NO			
ВУ	2 Acquaint	28e. PLACE OF	NJURY — At home, farm, a	treet, factory, offic				er or Rural Route Number,
COMPLETED	4 Homicide 8 Could not be	building, et	:. (Specify)			City or Tow	n, State)	
9	29a. CERTIFIER	MOTAL To the best of the	terminate and the second	4 4 4 4 4 4 4 4 4				
MP	Torroom oray		y knowledge, death occurre					the cause(s) and menner as stated.
0	A		mination array investigation	ti, in my opinion, t	TO SECOND SECTION	time, data and p	nace, and due to	the cade(a) and memor as states.
Ö						MACO	204 04	THE DIGITIES CLASSICS TO SECOND
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c, LICENSE NUI	MDER	250.07	ATE SIONED (Month, Day, Year)
BE	Bus	Som					▶ (547/12
TO BE C	30. NAME AND ADDRESS OF PERSON W	Som	OF DEATH (ITEM 27) (Type,	Print)) (
BE	30. NAME AND ADDRESS OF PERSON W	Som	OF DEATH (ITEM 27) (Type,	Print)			> (
BE	30. NAME AND ADDRESS OF PERSON W	Som	OF DEATH (ITEM 27) (Type, ST /	Print)				

212	a 0r	for u	
BALTIMORE, MARYLAND 212	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
S	5	P	ato
AR	Tained	should	tified
X	be ne	ge 5	0 a
R	3 шау	tor, pa	ust
8	Page (direc	T Jei
5	eath.	hnera	camir
8	after d	y the	cal e
	SINC	d in b	medi
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314	ocuted	nd cor	tic e
×	be exe	ian ar	auma
80	ficate	physic ne pric	er tr
o.	certi	nding Hygie	or oth
0	death	e atter	uny, c
SQ	at the	by th	y in
Ö	ires th	signed	vs an
REC	nbeu /	been s	shov
AL	he law	has le	ш 23
YI.	IAN: T	tificate e Stat	or ite
F	HYSIC	vith th	ed,
Z	NG PI	fter th	mark
Sio	TEND	DR: A	8 6
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JA AT	DUIS a	em 2
	TAL	PAL D	II II
	HOSP	FUNE	TANT
	开	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	POR
	12	P 2	2

12+1

	1 - FOR STATE OF MARY REGISTRAR	(LAND / DEPART CERTIFIC	MENT OF H		NTAL HYGIEN REG. NO.		0 27346
i i	1. DECEDENT'S NAME (First, Middle, Last) LOYD Frederic	<u> </u>	, , ,	1	DATE OF DEATH	90	3. TIME OF DEATH.
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC $2/5/18/5234$ 1 M $_2$ G F	RE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	OATE OF BIRTH (Month, Day, Year)	23	BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give street and number) FallSton General Horistonic OF DECEDENT	osAital	Falls	Ston. M	D	9c. COUNTY	of DEATH, UN FOV d
DIRECTOR	Md. 10b. COUNTY Harford	10c. CITY,	TOWN OR LOCAT	Fallstor	n		10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER		101	ZIP CODE 2104°	7		of what country?
BY FUNERAL	1312 WILDWOOD DT 11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y Y FYES, GIVE WAR O	R IN U.S. ARMED	If yes, sp	ENDENT OF HISPANIC Cocity Cuban, Mexican, Proceedings of the Specify:	ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12YIS •	16e. DECEDENT'S L (Give kind of wo life. Do NOT use Binder	SUAL OCCUPATION ork done during mo retired.)	DN st of working	Printin		TRY
BE CON	17. FATHER'S NAME (First, Middle, Linst) William C. Doster			18. MOTHER'S NAME ((First, Middle, Meiden M. Kornma		
10	Mrs. Virginia T. Doster			nd Number or Rural Rout ood Dr. Fa			
	289, METHOD OF DISPOSITION 1, Sourisi 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSI pther place) Highview				cation — city allstor	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE E. J. Lassahn			Belair R	E.F.La		Funeral Home
	23. PART I. Enter the diseases, or complications that caushock, or haert failure. List only one cause of IMMEDIATE CAUSE (Finel	n eech lina.	ot enter the mo	de of dying, auch a	a cerdlec or resp	ratory arrest	Approximate Interval Between
	disease or condition s. LAVC	AS A CONSEQUENCE OF		- CU	VG (ANC	er 49K
TION	if any, lasding to immedista	AS A CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):				
	PART II. Other significant conditions contributing to desi	h but not resulting in	n tha undarlyin	g ceuse given in Par	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDICAL					1 YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (Check	only one)		<u> </u>
HYSI	1 YES 2 XNO 1 TOWNER 2 ERV 27. NANNER OF DEATH 28s. DATE OF INJU	RY 28b. TIME	4 Nursing Hon	ne 8 □ Raaldenca 8 □ IURY AT 26	Other (Specify)	INJURY OCCUR	RED
BY	Noural 5 Pending (Month, Day, Ye accident Investigation 3 Suicide 6 Could not be	URY — At home, farm, a	M 1 🗆	PRK? YES 2 NO	of, LOCATION (Street	and Number or	Rural Route Number,
ETED	4 Homicide detarmined building, atc. (Specify)			City or Town, State		
COMPLETED	29a. CERTIFIER (Check only one) Check only 2 MEDICAL EXAMINER: On the basis of examine						ause(a) and manner as stated.
TO BE	St. SIGNATURE AND TITLE OF CENTIFIED	8 h	2	29c. LICENSE NUMBE	A A A	29d. DATE S	IGNED (Month, Day Year)
F	SO THE STREET OF PERSON WITH THE PROPERTY OF STREET	STH (ITEM 27) SHIP	378	With h	NO	37	047
	31. DATE FILED (MONTH, Day, 16at) OCT 9 1990 Julia Davidson-R	ndell'					DHMH-16 Rev 1/69

DHMH-16 Rev 1/89

pill. Pages 1, 2, 3 should

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/ISION OF VITAL RECORDS, P.O. BOX 13146,	

	1 - STATE REGISTRAR	STATE OF MA		RTMENT OF		MENTAL HYGIEN REG. NO.		0 27347
	1. DECEDENT'S NAME (First, Middle, Last,	Henrietta	Jane Du	ıryea		2. DATE OF OEATH DATE OF A 10 4		3. TIME OF DEATH 4:00 P. M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country),
	163 20 2301	1 🗆 M 2 🖾 F	64 YRS.	BONTHS DATE	HOOKS WIN.	(Month, Day, Year) 11-13-19	925	Ohio
_	9a. FACILITY NAME (If not institution, give				OR LOCATION OF	DEATH	9c. COUNTY	
P.	420 Cedar Hi	11 Road		Bal	timore		Ann	e Arundel
딩	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	10c C	TY, TOWN OR LOC	ATION			104 INCIDE CITY
DIRECTOR		ne Arundel		Baltimor				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
44	10e. STREET AND NUMBER	the Arthures			Of, ZIP COOE		10a CITIZEN	OF WHAT COUNTRY?
1	420 Cedar Hi	11 Poad			21225	5		J.S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13 WAS O		NIC ORIGIN? (Specify Yes		. RACE — American Indian,
NE.	1 Never Married 2 Married		YES 2 NO	If yes,	specify Cuban, Mexic	can, Puerto Rican, etc.)	O NO 14.	Black, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE WA	OR DATES	10,4	S 2 TEND Spec	ary:		Specify: White
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION		S USUAL OCCUPA		16b. KIND OF BUS	SINESS/INDUS	TRY
H.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	f work done during : use retired.)	nost or working			
l d	11th Grade		Insp	ector		Meat	Indus	stry
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
BE (John I	avasser			Ma	ary Zabeck		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	t and Number or Rura	l Route Number, City or Town	n, State, Zip Co	ode)
F	Gloria J. Doc	ld	606	Hopkins	Street	Baltimore,	Maryl	and 21225
	20a. METHOD OF DISPOSITION 1. ☑ Burial 2 ☐ Cremation 3 ☐ Re	movel from State	26b. PLACE OF DISP		11011			y or Town, State
	15 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		Deer Cre				eswick	, Penna.
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE CO	avis	22. NAME	AND ADDRESS OF F	Sonce Funer	al Hom	P A
	1 Lukaco	CCR	avec		_			, Md. 21225
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	Hyplite M AND COMSEQUENCE Lyper I	7741100	i runc	,		
E	resulting in death) LAST	4	,					
1	DART II On as also Manage and date					- in the same	71. 10. 1	
N: MEDICAL	PART II. Other algorificent condition	ons contributing to d	meth out not resulting	g in the underly	ing cause given i	n Part I. 24a. WAS AN PERFOR	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	Check only one)		
S	1 TES 2 NO		ER/Outpatient 3 DOA		ome 5 🗆 Residence	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	YJURY 26b. T	NJURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCU	RED
	3 Suicide 8 Could not b	28e. PLACE OF	INJURY — At home, ferming. (Specify)	, street, factory, o	fice	281. LOCATION (Street City or Town, State)		Flurel Floute Number,
COMPLETED	dens)					us to the cause(s) and maine time, data and piece, ar		cause(a) and manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	Will !	ux		1 25	UMBER 7	29d. DATE 3	NGNED (Month, Day Year)
5	30. NAME AND ADDRESS OF PERSON V	ON AS	CANT	pe, Print)	40,00	MS	21	225
	OCT C9 1990 4	32. REGISTRAR	'S SIGNATURE					

DHMH-16 Rev 1/89

58	1	Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x ours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial institute permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

	FOR STATE REGISTRAR	STATE OF MARYLA					EALTH AND I		HYGIENE REG. NO.	90	2	7341	3
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	Y YEAI		TIME OF DEAT	Н
	Lloyd	C.			Dur	ncan		10	8	90		5:14	₽M
	4. SOCIAL SECURITY NUMBER	100		t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	lay, Year)	Co	untry)	CE (State or Fo	
	213-32-8060 9s. FACILITY NAME (If not institution, give st	1X M 2 □ F 57		YRS.	at 0171	(TOWN O	R LOCATION OF DI	07	13 3	9c, COUNTY O		/IRGIN	IA
Œ	314 W. 37th Stre					altin		EATH		SC. COUNTY O	DEATH	1	
DIRECTOR	RESIDENCE OF DECEDENT	æt											
E	10a. STATE 10b. COUNTY	1		10c. CIT		OR LOCAT						I. INSIDE CITY LIMITS?	
	MARYLAND 10e. STREET AND NUMBER			<u> </u>	BA	LTIM	IORE ZIP CODE		10g. CITIZEN C	- 2	YES 2	NO	
FUNERAL	814 W. 37th	. con pro				101.							
NE I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. AR	MED	13.	WAS DEC	ZIZ.		Specify Yes	or No- 14. R	USA ACE - /	American India	an,
	1 Never Married 2 Married	FORCES? 1 Y YES	2 🔲 I NTES	NO			2 X NO Specif		an, etc.)		lack, Wh pecify:	ilte, atc.	
) BY	3 Widowed 4 X Divorced	1 1957-59										WHITE	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G		work done	during mo:	N It of working	16b. K	IND OF BUS	INESS/INDUSTR	*		
PLE	Elementary/Secondary (0-12) 6TH	College (1-4 or 5+)		GROUN	,		IAN	1	OVOLA	COLLE	25		
OM	17. FATHER'S NAME (First, Middle, Lust)					16. MOTHER'S NA				315			
BE C	HUSTON H. DUNCAN						LUC	Y В. В	LANKE	ENSHIP			
TO B	19a. INFORMANT'S NAME (Type/Print)		19			-	nd Number or Rural						
۴	DEANNA HARRIS						STREET	, BALT	_				
	20a. METHOD OF DISPOSITION 1 Buriet 2 Cremetion 3 Rem	oval from State	other pi	lace)			netery, crematory or	CDX		CATION — City o			D.
	4 Donatton 5 Other (Specify)		D. 3	SIAII			S CEMETI		GAR	RRISON 1	UKE	.51, M.	υ.
	· a. alan	/	Ch			A. A	LAN SEIT	rz, Jr	. FUN	ERAL HO	OME	21211	
	23. PART i. Enter the diseases, or				not anta						107	Approxim	
	shock, or heart fallura.	List only one cause on a	ach line	.								Interval B Onset and	
		Ruptured m	iyoc	ardia	al in	nfaro	ct						
		DUE TO (OR AS A	CONSE	OUENCE C	PF):								
O	Sequentielly liet conditions,	b. DUE TO (OR AS A	CONSE	NGEOHENCE OEI-									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										1		
H	CAUSE (Disease or injury thet initieted evente	OUE TO (OR AS A	CONSE	OUENCE C	OF):								
E	resulting in death) LAST	d											
AL C	PART ii. Other aignificant condition	na contributing to death b	ut not	reaulting	in the u	ndarlyin	g cause given ir	Part i.	4a. WAS AN			RE AUTOPSY F	
3									YES 2		CO	MPLETION OF	
MEDIC											1]	YES 2	NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEATH (C						
1YS	1 X YES 2 NO	1 Inpatient 2 ER/Outs 28a, DATE OF INJURY	patient	3 DOA 28b, TII	_	1	ie 5 KResidence	_		NJURY OCCURE	D.		
	Natural 5 Pending	(Month, Day, Year)			JURY M	WC	PRK7	200.0200	THE HOW I				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe		ome, farm,	street, fe	ctory, offic				and Number or Ro	ıral Rout	number,	
COMPLETED	4 Homicide determined	butturing, area (open	uiy)					City to	Town, State)				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	BICIAN: To the best of my know	rledge, d	leath occur	red at the	time, data	and place, and du	e to the caus	e(a) and ma	nner as stated.			
OM		ER: On the besia of examination	n and/or	Investigat	ion, in my	opinion, d	feath occured at th	e time, data a	nd place, an	d due to the cau	100(a) an	d menner as	ntated.
BE C	29b. SIENATURE AND TITLE OF CERTIFIE	iR .					29c, LICENSE NU	JMBER	-	29d. DATE SIG	NEO (M	onth, Day, Year))
TO B	(M)	Ú						OCME			1(0/8/90	
	30 NAME AND ADDRESS OF DERSON W				e, Print)		444	D 1		D-11			
	Ann M. Dixon, N 31. DATE FILED (Month, Day, Year)	1.D Deputy 32. REGISTRAR'S SIGN	Ch	<u>let</u>	-		111	renn S	it.	Balto	, MI)	SS
	OCT 9 1990 4	M.D Deputy 32. REGISTRAR'S SIGN Fully Davidson-Re	ndal	2									
_	701 7 1000	. 1	-									DMMM	18 Rev 1/8

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7.	death
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ECO	requires t
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5	ICIAN:
2	PHYS
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours
5	B
_	N

	1. DECEDENT'S NAME (First, Middle, Las				-			2, DATE MONT	OF DEATH	AY Z	45	3. TIME OF DEATH 4:28 PM
1	CHARLES NELSO 4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	h feeb also A	IF UNDER 1 Y		IF UNDER 24 HRS.	* 0475	OF BIRTH	- 13	10	
1 1	1000	1 🕅 M 2 🗆 F	82	YRS.		DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country	
	214-03-3977 9a. FACILITY NAME (If not institution, give	4.	02	Tho.				08	01	08		ARYLAND
œ					96. CITY, 11	OWN	OR LOCATION OF D	EAIN		9c. COU	NTY OF DE	ATN
DIRECTOR	UNION MEMORIA	L HOSPITAL			BALT	IMC	RE, MAR	LAND)			
<u> </u>	10s. STATE 10b. COUN			10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY LIMITS?
5	MARYLAND					BAI	TIMORE				- 1	1X YES 2 NO
4	10e. STREET AND NUMBER					101	, ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	3156 KESWIC	K ROAD					21211				USA	A
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED			ENDENT OF NISPA			s or No—	14. RACE Black	- American Indian, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2 NO Specif		riicari, atc.)		Specify	r:
	15. DECEDENT'S E	I CATION	100 05	OF DENITIO	USUAL OCC	LIDATI	^~	1 400	KIND OF BU			WHITE
	(Specify only highest gra	de completed)	(G)		vork done dur			100	. AIND OF BU	-MI-SS/IM	DOSTAL	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ARPE					C	ገለነርጥካ	TIOTT	NT.
COMPL	17. FATHER'S NAME (First, Middle, Last)			ANLE	NIEK	-	18. MOTNER'S NA	ME (First.			UCTIO	JN
		OWARD DUNKI	Æ						Y RHII		т	
3	19a. INFORMANT'S NAME (Type/Print)	OHLL DUNKL		. MAILING	ADORESS (S	Street s	and Number or Rural					
2	DAVID DUNKLE		7	259	POMME	r. D	RIVE, SY	KESV	TLLE	MD.	2178/	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS			metery, cremetory or	TCDO V	7		City or Tow	
	1 Donation 6 Other (Specify)	moval from State	DRU		IDGE (CEM	ETERY		BAT	ттмо	RE. N	IARYLAND
	21. SIGNATURE OF JUNERAL SERVICE	LICENSEE					ND ADDRESS OF FA	CILITY		31 1110	100	HICT LINE
	> lari 2 8	Charles 1	2				LAN SEIT					
-	23. PART I. Enter the diseases, o	r complications that c	aused the de	eth. Do r	ot antar th	a mo	ROLAND	AVEN	UE, BA	ALTO.	, MD.	21211 Approximate
	23. PART I. Enter the diseases, o shock, or heart faller	e. List only one ceuse	on aach line				ou or ajmig, ou		2100 D. 100p	inacory or	1041,	Interval Between Onset and Death
1	IMMEDIATE CAUSE (Final disease or condition	Metas	+0.00	1	Dach	10	te CA					Onset sild Death
	resulting in deeth)		R AS A CONSE			100	AC CN					
	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSE	DUENCE O	F):							
4	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
		DUE TO (O	R AS A CONSE	DUENCE O	F):							
	that initiated events											
		d										
_	that initiated events	d	eath but not r	esulting	In the und	erlyin	g cause given in	Part I.	24a. WAS AI		24b.	WERE AUTOPSY FINDINGS
_	that initiated events resulting in death) LAST	dons contributing to de	eath but not r	esulting	In the und	erlyin	g cause given in	Part I.	PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	that initiated events resulting in death) LAST	ons contributing to de	eath but not r	resulting	In the und	erlyin	g cause given ir	Part I.		RMED?	24b.	AVAILABLE PRIOR TO
	that initiated events resulting in death) LAST	dons contributing to de	eath but not a	resulting	In the und	erlyin	g cause given in	Part I.	PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions to the condition of the conditions of the cond		eath but not r	esulting		28. P	g cause given in		PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions	ons contributing to de			OTHER:	28. P		heck only o	PERFO 1 VES	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions of Death Last 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	NOSPITAL: 1 A Inpatient 2 = E	R/Outpatient 3	□ DOA	OTHER:	28. Ping Non	LACE OF DEATN (C	heck only o	PERFO 1 VES	1 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
FILISICIAN. MEDICAL	PART II. Other significant conditions of the con	NOSPITAL: 1 Nospitent 2 = E 28a. DATE OF IN (Month, Day,	R/Outpatient 3	□ DOA	OTHER:	28. Pong Non	LACE OF DEATN (C	heck only o	PERFO 1 YES ne) or (Specify)	1 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions of the condition of	NOSPITAL: 1 NOSPITAL: 1 Nospitent 2 Element 2 Nospit	R/Outpatient 3 JURY ther/	DOA 26b. TIN	OTHER: 4 Nursir IE OF 2 JURY M	28. Pong Non	LACE OF DEATN (Come 6 Peeldence JURY AT PRIS 2 NO	6 Oth	PERFO 1 VES or (Specify) SCRIBE HOW	INJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	NOSPITAL: 1 NOSPITAL: 1 Nospitent 2 Element 2 Nospit	R/Outpatient 3 JURY ther/	DOA 26b. TIN	OTHER: 4 Nursir IE OF 2 JURY M	28. Pong Non	LACE OF DEATN (Come 6 Peeldence JURY AT 2PK? YES 2 NO	6 Oth	PERFO 1 VES ne) or (Specify) SCRIBE HOW	INJURY OC	CCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant conditions of the condition of	NOSPITAL: 1 NOSPITAL: 1 Nospitent 2 Element 2 Nospit	R/Outpatient 3 JURY 'bar) NJURY — At ho (Specify)	DOA 26b. Tilli iN. eme, farm,	OTHER: 4 Nursir	28. Ping Nones. IN. With 1	LACE OF DEATN (Come 6 Peeldence JURY AT DRK? YES 2 NO	6 Oth 28d. DE 28f. LOC	PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OC	CCURED or or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigations investigations and suicide 6 Could not 1 determined. 29a. CERTIFIER Check only	NOSPITAL: 1 Nospitent 2 = 28a. DATE OF IN (Month, Day. 28a. PLACE OF I building, etc.	R/Outpatient 3 JURY 'ber') NJURY — At ho .: (Specify)	DOA 26b. Tilk IN.	OTHER: 4 Nursir	28. Ping Non- 8e. IN. With the ping Non- y, officers, date	LACE OF DEATN (C	heck only o	PERFO 1 VES Per (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OC	or or Aural A	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
COMPLETED BI THISIOISM. MEDICAL	PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigations investigations and suicide 6 Could not 1 determined. 29a. CERTIFIER Check only	NOSPITAL: 1 Nospital: 28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc. YSICIAN: To the best of my	R/Outpatient 3 JURY 'ber') NJURY — At ho .: (Specify)	DOA 26b. Tilk IN.	OTHER: 4 Nursir	28. Ping Non- 8e. IN. With the ping Non- y, officers, date	LACE OF DEATN (C	heck only o 6 Oth 26d. DE 28f. LO(C/ly) e to the ca	PERFO 1 VES Per (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OC	or or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 VES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANINER OF DEATN 1 Netural 5 Pending Investigation in the significant could not a detarmined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH (Check only one)	NOSPITAL: 1 Nospital: 28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc. YSICIAN: To the best of my	R/Outpatient 3 JURY 'ber') NJURY — At ho .: (Specify)	DOA 26b. Tilk IN.	OTHER: 4 Nursir	28. Ping Non- 8e. IN. With the ping Non- y, officers, date	LACE OF DEATN (Come 6 Peeldence JURY AT ORK? YES 2 NO come a and place, and dudenth occured at the	heck only o 6 Oth 26d. DE 28f. LO(C/ly) e to the ca	PERFO 1 VES Per (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OC	or or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO oute Number,

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MCCULOUS COLD E, UNIV PKWY

Baltimore Md

99848 08 5444 944

natic event, the medical examiner must be notified at once.

181

FOR
STATE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

90 27350

	REGISTRAR		CERTIF	ICALE C	F DEATH	REG	. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEA		3. TIME OF DEATH
	ROBERT EVANS					10	04	90 9 50P
l	4. SOCIAL SECURITY NUMBER 115-22-0609	5. SEX 6.	AGE (In yrs. last birthday) YRS.	MONTHS DAY		7. DATE OF BIRT (Month, Day, W	ear)	8. BIRTHPLACE (State or Foreign Country) Mississippi
	9a. FACILITY NAME (If not institution, give st	reet and number)	12	9b. CITY, TOV	N OR LOCATION OF D	15	_	INTY OF DEATH
DIRECTOR	PRINCE GEORGE®	S HOSPITA	L CENTER	CHE	ERLY		PRI	NCE GEORGE'S
2	10e. STATE 10b. COUNTY			TY, TOWN OR LO	CATION			10d, INSIDE CITY
	New York			Bronx				LIMITS?
FUNERAL	1965 Lafayette	Ave.			10473		10g. CIT	USA
5	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED		ECENOENT OF HISPA			14. RACE — American Indian, Black, White, atc.
BY	1 Never Merried 2 Merried 3 Never Merried 4 Divorced	IF YES, GIVE WAR	OR DATES		Specify Cuben, Mexico (ES 2 NO Specif		(c.)	Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOENT' (Give kind of	S USUAL OCCUP work done during use retired.)	ATION most of working	16b. KIND (F BUSINESS/IN	DUSTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Posta:			Doot	- 1 0	
M	17. FATHER'S NAME (First, Middle, Last)		FOSTA.	r MOLK		POST	al Ser	vice
3	Pollard Evans					E. CO	,	
8	19e, INFORMANT'S NAME (Type/Print)	-	19b. MAILIN	Q ADDRESS (Sm	et and Number or Rural			in Code)
2	Larcia DuBois I	Tuanc						Y. 10473
	20. METHOD OF DISPOSITION		20b. PLACE OF OISP		cemetery, cremetory or			City or Town, State
	1 Buriet 2 Cremetion 3 Remo	ovat from State	other place)			_ c	alvert	on, N.Y.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEL	<u>rearverre</u>		ional Ce	CILITY		
	Carlton	C. Da	Lan	Dou 170	glass Fu 1 McCull	neral	Servic	!e
	23. PART I. Enter the diseases, proshock, or heert failure.	omplications that	dured the deeth. Do				reapiratory ar	
	IMMEDIATE CAUSE (Fine)							Interval Betwee Onset and Deat
	disesse or condition resulting in death)	Pulm	DNAMY 1	AILYA	~			
			R AS A CONSEQUENCE	OF):				
Z	Sequentially list conditions,	D	P515					
PA	If any, leeding to immediate cause. Enter UNDERLYING		RAS A CONSEQUENCE	OF):				
	CAUSE (Disease or Injury that Initiated events	<u>_</u>	R AS A CONSEQUENCE	QF):				<u> </u>
CERTIFICATION	resulting in deeth) LAST	Possi	BIE ASPI	RATION	PNEUM	16 NI N		
EDICAL	PART II. Other significant condition		eath but not resulting TeSTINAL				MS AN AUTOPSY ERFORMED?	AVAILABLE PRIOR TO
ă	,	·				1 🗆 1	YES 2 NO	OF DEATH?
2	Jungeny	Fon 17	MATOMAI	(C N 13	UVIP I'M	_		1 TYES 2 NO
N.	AT 1440 ALOF DEFENDED TO LITTLE TO	ADN TIC ,	ANTHRYSM					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C			
ΙΥS	1 TYES 2 NO	28e. DATE QF III	ER/Outpatient 3 DOA		Home 5 Residence		HOW INJURY OF	CCIBEO
BY P	Pending Pending Pendi	(Month, Day		NJURY	WORK?	280. OESCHIBE	now insont oc	CONED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — At home, ferm ic. (Specify)	, atreet, factory,	office	26f. LOCATION (City or Town		er or Rural Route Number,
	29e. CERTIFIER	CIAN. To the heat of a	ny kaominina dia dan		data and alass and di-			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE							the cause(s) and menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	A- 18	en in		29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	De, Print)	A PKWY	COPAN	BELT	Mel 2077.7
- 5	BRIAN S BA	32. REQUETRAB	'S SIGNATURE	1,000	7 1000/	G MIEN		
Į.	31. DATE FILED (Month, Day, Year) OCT 09 1990	gelia David	son-pandete					

= 100

VIRGINIA

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTOR

4. SOCIAL SECURITY NUMBER

548-30-9453

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

10276 CUB RUN COURT

10c, CITY, TOWN OR LOCATION

MANASSAS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

BETHESDA

10f. ZIP CODE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 1 Never Merried 2 Merried IF YES, GIVE WAR OR OATES 1 TYES 2 THO Specify: BY 3 🕅 Widowed 4 🗌 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementery/Secondery (0-12) 12 College (1-4 or 5+) COMPL HOME MAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ EUGENE NORMILE LILLIAN FROST BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 DEBBIE CARTER 9723 KINGS CROWN COURT, CENTREVILLE, VA 22020 e 20e, METHOD OF DISPOSITION
1/D Buriel 2 Cremailon 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must ARLINGION NATIONAL CEMETERY 4 Donation 5 Cher (Specify 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVI or removal. event, the medical has been signed by the attending physician and completely filled in by Dept. of Heaith and Mental Hygiene prior to burial, cremation, or remo 23. PART I. Enter the diseases, or compilections that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE PULMONARY DISEASE traumatic CERTIFICATION Sequentielly list conditione, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Cause, Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 23 shows any Injury, PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item ! 26. PLACE OF DEATH (Check only one) certificate the State HOSPITAL: OTHER: 1 X Inpatient 2 □ ER/Outpatient 3 □ DOA 1 YES ZY NO 4 Nursing Home 5 Residence 6 Other (Specify) PHYSICIAN: 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY IMPORTANT: If Item 28 Is marked, death with this 1 XNatural 5 Pending Investigation 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be DIRECTOR: J COMPLETED HOSPITAL OR ATTENI 4 | Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 五五萬 Mp 036-076451 (IL) 7/<6/ 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. E. LINZ, LT, MC, USN BETHESDA, MD 20814-5011 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1990

JEANNE ELIZABETH ELDRACHER

1 M 2 F

NATIONAL NAVAL MEDICAL CENTER

PRINCE WILLIAM

6. AGE (In yrs. last birthday)

65

VRS

2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR A SEP 26 1990 2:27 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign JULY 2 1925 CALIFORNIA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2XX NO 10g, CITIZEN OF WHAT COUNTRY? 22110 UNITED STATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY OWN HOME 20c. LOCATION - City or Town, State ARLINGTON, VA. COLONIAL FUNERAL HOME 6161 LEESBURG PIKE FALLS CHURCH, VA. 22044 Approximeta interval Between Onset end Daath 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 XNO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 9/26

within 24 wours after death. Page 6 may be retained by the hospital or	 In a completely filled in by the funeral director, page 5 should be detached for up a compation, or removal. 	ment the madical examinar must be notified at once
3	Ì	Į
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the digith cert cart cart cart are within 24 yours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending my completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mergal Hyper Centor in the premation, or removal.	isaboprant. it is noticed or item 23 chaus one injury or the medical evaminar must be notified at once

31. DATE FILEO (Month, Day, Year)

	1 - STATE REGISTRAR	STATE OF MAR		ICATE OF		REG. NO	- UI	27352
	1. DECEDENT'S NAME (First, Middle, Last) John	Rober	t	Foit		2. DATE OF DEATH MONTH DOCT. 5	1990	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTN	8. 1	BIRTHPLACE (State or Foreign
	577-22-7933	1 X M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 1 19		Maryland
	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF	OEATH	9c. COUNTY	
OR	602 Knollcrest P	lace, Apt.	н.	Cocke	ysville		Balti	more
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	ry	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
DIRECTOR	Maryland	Baltimore	C	ockeysv	ille			1 YES 2 X NO
	10e. STREET AND NUMBER				01. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	602 Knollcrest P	lace, Apt.	H		21030		USA	
15	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED			ANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Spe	offy:		Specify: White
0	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUST	RY
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during n se retired.)	nost at working			
COMPL		4	Vice P	res.				ngs & Loan
8	17. FATHER'S NAME (First, Middle, Lest) George Foit					NAME (First, Middle, Maiden	,	
B	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Mary Jaco		(e)
2	Shelia M. Foit							ckeysville Ma
2	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Re		20b. PLACE OF OISPO	SITION (Name of c	emetery, crematory	y 20c. LC	CATION City	
	4 Donation 5 Other (Specify)		Dulaney				Timoni	um, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 11 . 7	2 Jane		AND ADDRESS OF			
3	•	Martin D	. Lawson	Len	nmon-Mi nonium.	tchell-Wiede Maryland 2	teld 1093	
	23. PART I. Enter the diseases, or shock, or haert fellure	complications that ca						Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	A.	2 -	1-	3			Onset and Deeth
	resulting in deeth)	B. DUE TO (OR.	AS A CONSECULENCE	ing las	nas —			8 mont
		L	00/1	1 1	CA			1240
é	Sequentially list conditions, if any, leading to immediate	DUE TO OR	AS A CONSEQUENCE C	OF):	0 11			100
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	OF):				
CERTIFICATION		d						
ICAL (PART II. Other algnificant condition	ons contributing to dea	th but not resulting	In the underlyl	ng cause given	In Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1 _ YES	2 10	COMPLETION OF CAUSE OF DEATH?
MED								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATN	Chack calls and		
	EXAMINER? 1 YES 2 NO	HOSPITAL:	(Outpetlent 3 DOA	OTHER:		se 8 Other (Specify)		
5 1 5	27. MANNER OF DEATN	28s. OATE OF INJ (Month, Day, Y	URY 28b. TII	WE OF 28c. II	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
E	M-10	11-1-1-1-1	ear)		YES 2 NO			
	1 Natural 5 Pending 2 Accident Investigation		ILIPY - Al home Jerm	street, factory, of	lice	281. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,
D BY	2 Accident Investigation 3 Suicide 8 Could not b	28e, PLACE OF IN						
ED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Nomicide determined	260. PLACE OF IN						
ED BY	2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only 1) CERTIFYING PNY	28e. PLACE OF IN building, etc. SICIAN: To live best of my	(Specify) knowledge, death occur			fue to the cause(e) and ma	nner se stated.	
D BY	2 Accident 3 Suicide 4 Nomicide 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. PLACE OF IN building, etc. SICIAN: To the best of my NER: On the basie of exami	(Specify) knowledge, death occur		death occured at	fue to the cause(e) and ma	nner se stated.	suse(e) and manner es stated.
ED BY	2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only 1) CERTIFYING PNY	28e. PLACE OF IN building, etc. SICIAN: To the best of my NER: On the basie of exami	(Specify) knowledge, death occur			fue to the cause(e) and ma	nner se stated.	GNED (Month, Day, Year)
E COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. PLACE OF IN building, etc. SICIAN: To line best of my NER: On line basic of exami	(Specify) knowledge, death occur ination end/or investiget	ion, in my opinion,	death occured at	fue to the cause(e) and ma	nner se stated.	

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27353 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 ()

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIEN	20	27	353
	1. DECEDENT'S NAME (First, Middle, Lest)		RIDLE	IDLEY		10 0	2 9	EAR 6	TIME OF DEATH
	G. C	1 - M 2 XF	76 YRS. MOI	UNDER 1 YEAR	HOURS MIN.	· · ·	913 V	vest	CE (State or Foreign VIRGINIA
TOR	90. FACILITY NAME (If not institution, give a ST JOSEPh HOSP) RESIDENCE OF DECEDENT			Towso	R LOCATION OF DEA	ATH	Be COUNTY		yore
DIRECTOR	MARYLAND	Y ———		WN OR LOCAT IMORE	ON				1. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	1500 ELMTREE STR	EET			21226		U.S.A		COUNTRY?
B	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X200	If yes, spe		C ORIGIN? (Specify Ye i, Puerto Rican, etc.)		Specify:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 8+) N/A	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re RIVETER	done during mo-	N It of working	ATR CRA			TURING
OM	17. FATHER'S NAME (First, Middle, Last)	11/11	KIVEIEK		18. MOTHER'S NAM	AE (First, Middle, Maiden			10112110
Ö	JOSEPH KIRK				BERTHA I	L. STILLY			
TO BE	190. INFORMANT'S NAME (Type/Print) RANDOLPH GOODWIN	(SON)				oute Number, City or Tow RY HALL, N			128
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Rem 4 □ Donation 6 ☑ Other (Specify) □ E	NTOMBMENT CE	PLACE OF DISPOSITION OTHER PROPERTY OF THE PRO	CEMETE	RY	BAI		E, MA	RYLAND
	21. SIGNATURE OF PUNERAL SERVICE LI	Jane 1	/,	SCHIM 9705	DADDRESS OF FAC UNEK FUNI BELAIR RO	ERAL HOME DAD, BALT	, INC. IMORE,	MARY	LAND 21236
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO (OR AS A	tices	nó		Lufer			Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CERT	PART II. Other significent condition	elns contributing to deeth b	ut not resulting in t	he underlyin	g cause given in		RMED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PI	ACE OF DEATN (Che	eck only one)			
IXSI	1 VES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA 4	☐ Nursing Nor	e 5 🗆 Residence				
	27. MANNER OF DEATH 1 Netural 6 Pending	(Month, Day, Year)	28b. TIME O	/ WC	RK7	28d. DEŞCRIBE NOW	INJURY OCCU	MED	
2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 4 Ho							r Rural Rout	e Number,	
29e. CERTIFIER (Check only one) 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 20 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.							nd manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	P. Du	for 1	y. D.	29c. LICENSE NUM	492	29d. DATE	SIGNED (M	onth, Opy, Year)
Н	30. NAME AND ADDRESS OF PERSON W	P. DIZ	ATH (ITEM 27) (Type, Pr	t.	Frep,	LHoy	orta	AR	Susor
	"OCE" " 1990" g	who Davidson for	dell			-			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-31

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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one fileo (Month, Day, Year)

FOR - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH A ATE OF DEATH			27354
1. DECEDENT'S NAME (First, Middle, Last)	E FA	W		2. DATE OF DEATH	29 %	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/4-22-8/8 98. FACILITY NAME (If not institution, give st	1 M 2 F	83 JYRS. MO	UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS I	MIN. (Month, Day, Year)	- 07 B	IRTHPLACE (State or Foreign out the City of DEATH
Bon Secours RESIDENCE OF DECEDENT	Hospital		BAIT. Mo	l,		
100. STATE 10b. COUNTY		10c. CITY, T	BATT.			10d. INSIDE CITY LIMITS? 1 FYES 2 NO
2523- W. K.	orth Ave		101. ZIP CODE	216	10g. CITIZEN	S A
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, specify Cuben, I	HISPANIC ORIGIN? (Specify Mexicen, Puerto Ricen, etc.) Specify:		RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF E	Housewi	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) Henry Carberry 18. MOTHER'S NAME (First, Middle, Malden Surname) GWenetta Slye						
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4413 Groveland Avenue, Balto, MD 21215						
20s. METHOD OF DISPOSITION 1A Burisi 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) New Cathedral Cemetery Baltimore, Maryland						
21. SIGNATURE OF FUNERAL SERVICE LIC	March	New Cat		of FACILITY March	Funeral Wabash A	Home-West
23. PART I. Enter the diseases, or c shock, or heart failure.			anter the mode of dying	, such as cardiac or rea	spiratory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Ly ONE TOUGH OF	mpl consequence on	homa	- m	align	Onset and Deat
Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO GA A CONSEQUENCE OF: OUE TO GA AS A CONSEQUENCE OF: OUE T					ne	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cardiac Print Office 2 248. WAS AN AUTOPSY PRINTONNEO? 1 YES 2 NO						244. WERE AUTOPSY FINDINGS ANALARIE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25, WAS CASE REFERRED TO MEDICAL EXAMINENT 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEA THER:	TH (Check only one)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY (Morth, Day, Year) 28s. PLACE OF INJURY building, etc. (Spe	25b, TIME C 36JUR — At home, farm, stre	M 1 YES 2	284. DESCRIBE HON	et and Number or Ri	
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know					use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	R. Cur	vz n	29c. LICEN	SE NUMBER 303 55	29d. DATE SIG	3 D - 90

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BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR
1	STATE
	REGISTRAR

27355 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 () REG. NO.

_	HEGIOTIFAL	OLITIN	OAIL	Q.	DEATH	HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Joseph H. Ferges	5.				2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	AGE (In yrs. last birthday) VRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. OATE OF BIRTH (Magth, Day, Year)	B. BIRT		
	216-12-4049 18M2 OF				8-4-00 Va				
œ	9a. FACILITY NAME (If not institution, give street and number) Por Ha Courte Gonorous	0	9b. CITY	TOWN OF	LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
2	RESIDENCE OF DECEDENT		74	Na	anoto	NJ			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OF	LOCATI	ON			10d. INSIDE CITY LIMITS?	
ā	MØ	Ke	unda	115	town			1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. W	AS OECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. BA	CE — American Indian,	
	IF YES, GIVE WA	EYER IN U.S. ARMED YES 2 NO R OR DATES	И	yes, spe	city Cuben, Maxice 2 NO Specif	n, Puarto Rican, etc.)	Bis	ick, White, etc.	
BY	3 Widowed 4 Divorced							Diag	
TED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done di	CUPATION uring mos	N t of working	18b. KIND OF BUS		10	
COMPLET	Elamentary/Secondary (0-12) Collega (1-4 or 5+)		,			DOTH	them S	Teel	
O	17. FATHER'S NAME (First, Middle, Last)			$\neg \tau$	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE C	Sam Ferge				Molli	e Betts			
9	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	(Street an	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	121133	
	Rose Ellen Perges	340	00	kan	vale 1	7	allstown,	ruf	
	20a. METHOO OF DISPOSITION 1 X Burial 2 Cremetion 3 Ramoval from State 4 Donation S Other (Specific	20b. PLACE OF DISPO	SITION (Narr	ne of cem	Excent or	110+ 20ml	CATION - City or	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE ICENSEE	1 50	22. N	AME AN	O ADDRESS OF FA	CILITY	11195 111	IN, ILO	
	1 3. Carl		1	bug	135x	+- West	Ave		
	23. PART I. Enter the diseases or complications that		not antar t	tha mod	da of dyling, suc	h aa cardiac or resp	iratory arrest,	Approximate	
	shock, or heart failure. List pnly pna cause on each lina. IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition HEART ATTACK								
	OUE TO (OR AS A CONSEQUENCE OF): HYPERTENSIVE CARDIOVASCULAR DISEASE 10 YEARS								
O	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOULAR DISEASE 10 YEARS)								
SAT	CAUSE (Disease or Injury								
CERTIFICATION	that initiated events OUE TO (c)	OR AS A CONSEQUENCE O	F):						
H	d								
	PART II. Other significant conditions contributing to c	leath but not resulting	In the Unc	derlying	cause given in	Part I. 24a, WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	DIABETES MELLITUS		_			1 YES 2		COMPLETION OF CAUSE OF DEATH?	
WE								1 YES 2 NO	
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER		ACE OF DEATH (C/	neck only one)			
PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 27. MANNER OF OEATH 28a. OATE OF I	ER/Outpatient 3 DOA NJURY 28b, TIR	_	ing Home	-	6 ☐ Other (Specify)	IN HIRY OCCURED		
	1 Natural 5 Pending (Month, Day	(, Year) IN	JURY	WO		200. DESCRIBE NOW	NOON! OCCURED		
) BY		INJURY — At home, farm, tc. (Specify)	street, facto			281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,	
	4 Homicide detarmined	ec. (apecity)				City or lown, State,	,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of a	ny knowledge, death occur	red at the til	me, data	and place, and du	to the cause(s) and ma	nner as stated.		
O.	one) 2 MEDICAL EXAMINER: On the basic of axi	mination and/or investigati	on, in my of	pinion, d	eath occured at the	time, data and piece, ar	nd dua to the caus	e(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER) anh			29c. LICENSE NU	MBER P-/-	29d. DATE SIGN	ED (Month, Day, Year)	
TO B	(gadrana (Claud)	11/10			D-14	1832	10/	5/90	
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS							,	
	VADHANA C. CLAUD, M.D. 9	600 NORTH P	OINT	ROAI	FORT H	OWARD, MAR	YLAND	21052	
	31. DATE FILED (Month, Day Year) OCT 09 1990 Fullia Day	S SIGNATURE							

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BALTIMORE, MARYLAND 21203-31

CERTIFICATION

PHYSICIAN: MEDICAL

BY

BE COMPLETED

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	st, Middle, Last)					Y PO	3. TIME OF CEATH		
	M FEAMSTER				10 4	1 90	6 PH		
4. SOCIAL SECURITY NUM 240-02-24		5. AGE (In yrs. lest birt		EAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year) 2/6/32	Count	PLACE (State or Foreign ry) Carolina		
	institution, give street and number)	ome	7.00	own on Location of ltimore		Sc. COUNTY OF D	PEATH		
Seton Hi	10b. COUNTY	10	BALTI		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
501 W. FI	RANKLIN STREET	r	10f. ZIP COOE 21201			10g. CITIZEN OF WHAT CO USA			
3 Widowed 4 Div	IF YES, GIVE WAS	YES 2 NO	2 NO If yea, specify Cuban, Maxican, Puarto Rican, etc.) Black, V				E — American Indian, k, White, alc.		
	CEDENT'S EDUCATION nly highest grade completed) (0-12) College (1-4 or 5+)	(Give ki	58. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
L UNKNOWN	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				15. MOTHER'S NAME (First, Middle, Meiden Surname) UNKNOWN				
19a, INFORMANT'S NAME	• • • • • • • • • • • • • • • • • • • •				al Route Number, City or Tov				
20a. METHOD OF DISPOSI 1X Burtal 2 Cremat 4 Donation 5 Oth	ITION Ilon 3 - Ramoval from Stata er (Specify)	20b. PLACE OF E	ZION CE	CHESTER of comotory, cromatory of METERY	20c. LC BAL	TO.MD DOCATION — City or To	21215 own, Stata MARYLAND		
* Ker	ost ON	Het	1 LE	ROY O. D	YETT & SO TY HEIGHT	S AVENU	AL HOME E		
1X Buriel 2 Cremat 4 Donation 5 Oth at signature of FUNER 23. PART I. Enter the	dispases, or complications that the fit follows:	MT. 2	ZION CE LE 46	METERY ME AND ADDRESS OF ROY O. D OO LIBER e mode of dying, s	BAL FACILITY YETT & SO TY HEIGHT	TIMORE, N FUNER S AVENU	MAR AL		

Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 YES 2 10 40 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

T HES 2 NO	1 Linpatiant 2 ER/Outpatient 3 DOA 4 Muraing Home 5 Rasiden	ca 6 Other (Specify)
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 25b. TIME OF SC. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 5 Could not be determined	28e. PLACE OF INJURY — AI home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as started.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the

296. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Jame Tunzalen	MY	DISIZY	10/5/50
30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) CYPO, Print) 5214 Harth 2 v2	· Kapa	MD 21214

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a modes after death. Page 6 may be retained by the high	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoeld be detach.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

OCT 0 4 1990

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF			EALTH AND N	MENTA	L HYGIENI REG. NO.	E	90	27357
	1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEATH
- 1	ROSE FEE	RRARE							1 ()	05	Y	YEAR	4 10A M
	4. SOCIAL SECURITY NUMBI		5. SEX	8. AGE (In y	rs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		OF BIRTH			IPLACE (State or Foreign
	215 22 200	20	1 □ M 2 √ F	(7	YRS.	MONTHS (DAYS	HOURS MIH.	(Mont)	h, Day, Ybar)		Count	γ)
- 1	215 22 290		11	67	1241					0 23			Md.
~	98. PACILITY NAME (II not ins	B. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE BALTI							EATH				
0	GREATER BA								ORE				
ည မ									10d. INSIDE CITY				
DIRECTOR	MD BAITTMODE TIMONTING								LIMITS?				
									1 YES 2 NO				
₹	24 EDGEMOC	מם שמר					101				10g. CIT	ZEN OF Y	WHAT COUNTRY?
FUNERAL		JKE KD						21093				USA	
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BY	1 Never Married 2 XX I		IF YES, GIVE Y					2 XNO Specify		inouri, ato.)			"y: White
	3 Wildowed 4 Divor	reeu.											
回		EDENT'S EDUC highest grade		16	Give kind of	work done dur	UPATIC	N at of working	16b	. KIND OF BUS	INESS/INC	USTRY	
<u> </u>	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)							
를	12				Manage	er				Linda	Lvr	ın	
COMPLETED	17. FATHER'S NAME (First, Min	iddle, Last)						18. MOTHER'S NAM	ME (First,	Middle, Maiden	Sumame)		
	Steve Mis	tretta						Anna	Mort	tellar)		
BE	19a. INFORMANT'B NAME (7)	ype/Print)			19b. MAILIN	ADDRESS (Street s	nd Number or Rural R				Code)	
임	August P. Fe	errare			2/1	Zdaama		Rd. Timo		. W.1	2100		
	20a. METHOD OF DISPOSITI			20h P				netery, cremetory or	2004111				own, Stata
	1 Burial 2 Cremation 4 Donation 5 DOther	n 3 🗆 Remo	oval from State	of	her place)								
	21. SIGNATURE OF FUNERAL			- J D	uraney			Cem.		Coch	ceysv	1116	e, Md.
-	17)	O CONTRACTOR	\	3				. Miller					
	1/200	-1-	mac	42				Belair Rd			Md	2120)6
V	23 PART I. Enter the di	sesses, or c	omplications the	t caused th	ne deeth. Do	not anter th	he mo	de of dying, such	h ae can	diec or respi	ratory er	reat,	Approximeta
			List only one co	ise on eecl	n line.								Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Fin disease or condition	161	CEDEDI	DAT AN	OVIA								TO SERVICE OF THE PER
	resulting in death)	7	. CEREBI		ONSEQUENCE (ME) -							4 DAYS
_													5 5
×Ι	Sequentielly list conditi	ASPIRATION PNEUMONIA 5											5 DAYS
O I	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
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CATIC	CAUSE (Disease or Inju	diats ING	DUE TO	240	213								İ
TIFICATIO	cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events	diats ING Iry	DUE TO	240									
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BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYICAUSE (Disease or Injurt that Initiated events resulting in death) LAS' PART II. Other significe. PRIMARY 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only One) 2 MEDI	Dent condition BILIAF Dent condition BILIAF Dending Investigation Could not be determined DITIFYING PHYSICAL EXAMINE	DUE TO DUE TO d. B contributing to RY CIRRHO HOSPITAL: 1 inpatiant 2 28a. DATE O (Month), 28b. PLACE building CIAN: To the best of R	(OR AS A CO deeth but DSIS O ER/Outpett INJURY esc. (Specify) Implementation a	not resulting F LIVE ent 3 DOA 28b. Ti in ge, death occur ind/or investiget	OTHER: 4 Nursing ME OF JURY M Street, factor	26. PL ng Hom 28c. INJ WC 1 ry, office	ACE OF DEATH (Che 5 Residence uny AT RKY (FS 2 NO e and place, and due leath occured at the	eck only on a Other 28d, DE 28t, LOC City to the castime, determined the control of the castime, determined the castime, determined the castime, determined the castime of	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NO NO NAJURY OC	cured or Rural sted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached from the fined within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: It less 28 is marked, or item 23 shows env injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Dey, Year)

OCT 09 1990

32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randise.

		PARTMENT OF HEALTH AND MEN'	TAL HYGIENE 9	0 27358				
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES GREEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd	MC I	TE OF BIRTH	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 43 A N BIRTHPLACE (State or Foreign Country)				
ron	250-58-3442 1 M 2 D F 53 YR 9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSP.	96. CITY, JOWN OR LOCATION OF DEATH	City sc. COUNTY	South CANding				
AL DIRECTOR	10a. STATE 10b. COUNTY 10c. 10a. STATE 10b. COUNTY 10c.	CITY TOWN OR LOCATION DAITINGTE 101. ZIP CODE	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO I OF WHAT COUNTRY?				
BY FUNERAL	# 496 Denmore Ace 11. Marital status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORI If yes, specify Cubyr, Mexican, Puel 1 YES 2 A Specify:		RACE — American Indian, Black, White, etc.				
COMPLETED	(Specify only highest grade completed) (Give kind	NT'S USUAL OCCUPATION of of work done during most of working of use retired.)	16b. KIND OF BUSINESS/INDUS	THY				
8	17. FATHER'S NAME (First, Middle, Lest) FRANTIS 198, INFORMANT'S NAME (Type/Print) 190. MAII	11. MOTHER'S NAME, (Fir	e tisdi	rle				
2	Mrs. BURRIE GREEN 49	986 Den m 57 C /- sposition (Name of comoton), gramatory or	we Balto	md. 21215				
	21 SHOWATURE OF FUNERAL SERVICE LICENSEE	22, NAME AND ADDRESS OF FACILITY 2232 W. NO.	th Ave.	BALLAMBIE				
	22. PART L Enter the sissesses, or complications that caused the death. I shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MASSIVE INTRA-	Do not anter the mode of dying, such as of CEREBRAL HETAOR		t, Approximate Interval Batweer Onset and Deat				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	E CRISIS						
CERTIF	that initiated events resulting in death) LAST d.							
: MEDICAL	PART II. Other significent conditions contributing to death but not result TNS611N DEPENDENT DIM		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
	1 VES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNERÎ OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year) 28b. TIME OF INJURY AT WORK? Metural 5 Pending 28c. RAJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED INJURY M 1 VES 2 NO							
TED BY	2 Accident Investigation 3 Suicide 5 Could not be determined 5 Determined 28e. PLACE OF INJURY — At home, fa	arm, street, factory, office 281.	LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death or one)							
TO BE C	296. SIGNATURE AND TITLE OF CHRITIFIER CAN CAS (Warnham, MM)	DQQ9	3 29d, DATE 8	IGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)						

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified all once.
the funeral director, page 5 should be detach oval.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
ter death. Page 6 may be retained by the hor	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos
BALIMOHE, MAHYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13149,

al-transit permit, Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENI REG. NO.	E 90	27359		
1. DECEDENT'S NAME (First, Middle, Less	KATHERI	NE GRI	VAKis		2. DATE OF DEATH MONTH DA				
4. SOCIAL SECURITY NUMBER 267-48-2016	1 □ M 2 X F	93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10 - 4 - 7. DATE OF BIRTH (Month, Day, Year) 3 - 18 - 0	Cou	1 6:45 P M THPLACE (State or Foreign nity) Greece		
	9e. FACILITY NAME (If not institution, give street and number) ROLAND PARK PLACE				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY				
MD .	TY	10c, CIT	Y, TOWN OR LOCAT	IMORE, C	ITY		10d. INSIDE CITY LIMITS? 147YES 2 \(\text{NO}\) NO		
830 WEST 40	th. ST	1	101	. ZIP CODE 212	11	100	S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	S 2 NO	It yes, sp		IIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)		CE — American Indien, ack, White, atc.		
15. DECEDENT'S EC (Specify only highest green specific partially Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	de completed)	16a. DECEDENT'S (Give kind of sife. Do NOT us	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BUS				
Elementary/Secondary (0-12)	College (1-4 or 5+)		EWIFE		. OW	и номі	7		
	DAVOC			18. MOTHER'S NA	ME (First, Middle, Maiden				
19a INFORMANT'S NAME (Type/Print)	BAKOS	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Town	CALLI	ope		
CHRISTOPHE	R PETERS				LANE BAL		. 21210		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE OF DISPOS other piece) WOODLAWN		12		CATION — City or Miami	Town, State , Fla.		
21. SIGNATURE OF FUNERAL SERVICE	R. Paus		HENF		GLTY ENKINS AN ROAD BALT				
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Diseas or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):	Sacru	m				
PART II. Other eignificent conditi	contributing to deat	h but not resulting		g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C)					
	1 □ Inpetient 2 □ ER/C 28e. DATE OF INJUI (Month, Day, Yea	RY 285. TIN	IE OF 28c. IN.	IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
2 Accrosin	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 22t. LOCATION (Street City or Town, State					and Number or Run	al Route Number,		
(Critical Oriny /	'SICIAN: To the best of my ki						e(s) end manner ee stated.		
296. SIGNATURE AND TITLE OF CERTIF	MD			29c. LICENSE NU	MBER 7133	29d. DATE SIGN	ED (Month, Day, Year) S190		
201111		0 / 0 1		DATED	MD				
31. DATE FILEO (Month, Day, Year)	OW M.D. 83		ı St.,	BALTO.,	MD.				
OCT 09 19	An Sulia Davi	dson-Randel	2						

BALTIMORE, MARYLAND 21203-3146

		FOR	STATE OF MARYLI	AND / DEPA	RTMENT OF I	GRAT HEALTH AND	99 82	A IE O	07260
u i		1 - STATE REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last)		CERTI	FICATE OF	DEATH "	REG. NO.	. 91	3. TIME OF DEATH
		JOHN GRAY	John I	Walter	Gray I	11	OCTOBER 6		EAR
			6. AGE (In yrs. last birthdey) IF UNDER 1			HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-16-1	055	BIRTHPLACE (State or Foreign Country) New York
en ift. Pages 1, 2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DI	1		OF DEATH
		JOHNS HOPKINS HOSPITAL			BALTIM	ORE CITY		BALT	IMORE CITY
		10s. STATE 10b. COUNTY	1.1.		ITY, TOWN OR LOCA	-			10d. INSIDE CITY LIMITS?
	AL D	Maryland Ba:	ltimore	W	oodlawn	I. ZIP CODE		10g. CITIZE	1 YES 2 NO
(11)	EE.	7107 Reno Road				21207		US	
V	尼	1 X Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s		NIC ORIGIN? (Specify Yer an, Puerto Rican, etc.) fv:	4 or No- 14	I. RACE — American Indien, Black, White, etc. Specify:
ending as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	ION	16a DECEDENT	'S USUAL OCCUPAT		16b, KIND OF BU	SINESS/INDIES	White
for use	E	(Specify only highest grade con		(Give kind o	of work done during m use retired.)	ost of working			
he hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	4	Audi	tor	16. MOTHER'S NA	AME (First, Middle, Melden		vernment
d be de	BE C	John W. Gray, J	r.				tance A.	Noel	
ay be retained by the hospital or attending page 5 should be detached for use as the be notified at once.	10	John W. Gray, J.	r.				Acute Number, City or Tow		
r, page		20e. METHOD OF DISPOSITION 1 Burlel 2 M Cremetton 3 Remova	1 trom State	. PLACE OF DISF	OSITION (Name of ce	metery, crematory or	20c. LO	DCATION — CH	y or Town, State
toneral director, p		4 Donation 5 Other (Specify)	M	etro C	remator				ore, MD
		serz -:	cNabb		Crem 299	nation S Frederi	Society o ick Rd. B	f Mar	ryland, Inc. , MD 21228
d in t		23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on e	Toxo	plasmos.3		ch ea cardlec or reap	iratory arrea	Approximate interval Between Onset and Death
th certificate be execute ending physician and call Hygiene prior to buriator of other traumatic	MEDICAL CER	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	infecti	m - p	o-stoly	dissenina	ted.	5 YEARS 3 MONTH
requires that the cen signed by of Health and shows any in		PART II. Other algorificant conditions of Heparts H	istom of CMV reti	PCP	g in the underlying Preference Toxoplonum	cinv cetalit	PERFO	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has be after death with the State Dept. a 28 is marked, or Item 23	PHYSICIAN:		(OSPÍTAL:		26. I	PLACE OF DEATH (C	heck only one)		
SICIAN: certific h the S	HYS	1 VES 2 NO 1	Zinpetient 2 ER/Outs 28e. DATE OF INJURY	28b.	TIME OF 28c. IN	IJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	REO
OING PHYS After this death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO			
DR ATTENDING DIRECTOR: After hours after death	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	f — At home, fari	n, street, factory, off	Ice	26f. LOCATION (Street City or Town, State		Rural Route Number,
E E 5 5	COMPLET	anal	N: To the best of my know						I. ceuse(e) end menner ee stated.
E FUNE d within	E CO	296. SIGNATURE AND TITLE OF CERTIFIER			\	29c. LICENSE NU		-	SIGNED (Month, Day, Year)
TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 IN IMPORTANT: If II	TO BI	Ilu funt l		tipsiz:)	JHH 6	5992/	> [0/6/1990
	-	30. NAME AND ADDRESS OF PERSON WHO O	, PEPT.	OF 1	ipe, Print) NEDICINE	, JHON	c Hopkins	HOSPE	TAL , BALTIMER
		OCT 9 1990 fu	32. REGISTRAR'S SIGN	indest.			-		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as the contraction of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in the funeral completely fille	ile i
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	FOR STATE REGISTRAR	TATE OF MARYL		EPARTMENT RTIFICATE			MENTAL	HYGIEN REG. NO		0	27361
	1. DECEDENT'S NAME (First, Middle, Leet) AK	A Lula Ka Elizabeth	te G	auss Gauss			2. DATE O	D		AR	TIME OF DEATH
			în yrs. last bi		1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	7 1990		CE (State or Foreign
	213-05-8775		87	YRS. MONTHS	DAYS	HOURS MIN.	(Month,	Day, Year)	0	Country)	land
1	9a. FACILITY NAME (If not institution, give street	A	07	9b. CITY,	TOWN O	R LOCATION OF DE		14 .	9c. COUNTY		
FUNERAL DIRECTOR	FRANCIS SCOTT KEY N	MEDICAL CEN	TER	Baltimore City				N/A			
E	10a. STATE 10b. COUNTY		1	IOC. CITY, TOWN O						107	. INSIDE CITY LIMITS?
01	Maryland N/A			Baltimo		City ZIP CODE			10g, CITIZEN	1 4	YES 2 NO
RA	Allender State States				101.						COUNTRY
¥ I	1512 Riverside Ave	WAS DECEDENT EVER IN	U.S. ARME	D 13. V	MAS DECE	21230 ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yes	USA or No — 14.		American Indian.
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	1	t yes, spe	city Cuban, Maxica 2 X NO Specify	n, Puarto Ri			Black, WI	White
	15. DECEDENT'S EDUCATION	ON .	16a. DECE	DENT'S USUAL OC	CUPATIO	N	16b. I	KIND OF BU	SINESS/INDUST		
ᇤ	(Specify only highest grade com Elementary/Secondary (0-12)	oliege (1-4 or 5+)	life. Do	kind of work done on NOT use retired.)	unng mos	n or working					
릴	6th No	ne	Но	memaker			C	wn Ho	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Surname)		
BE (Samuel	Tilton				Jeanet				neal	
P	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural F					
	Jeanette Caum					side Roa	d, Ba				
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal	from State	other place						CATION — City		
	4 Donation 5 Other (Specify)		Glen			ial Park		Gler	Burni	e, M	aryland
	· De atte			SI	INGL	ETON FUN	ERAL		BURNT	E. M	D. 21061
	23. PART I. Enter the diseases, or com shock, or heert fellure. List										Approximata interval Between
	IMMEDIATE CAUSE (Fine)										Onset and Death
	resulting in death) a	Septic 5 DUE TO (OR AS A	CONSECU	ENCE OF):							
2		Renforates	1 00	cods							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A									
2	CAUSE (Disease or injury										
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQU	ENCE OF):							
5	d									-	
1	PART ii. Other aignificent conditions co	ontributing to death b	out not res	uiting in the un	derlying	cause given in	Part I.	24a. WAS AF PERFO			RE AUTOPSY FINDINGS ALABLE PRIOR TO
PHYSICIAN: MEDICAL								1 TYES		CO	MPLETION OF CAUSE DEATH?
MEI											TES 2 NO
ž											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHE		ACE OF DEATH (Ch	neck only one	•)			
YSI	1 TES 2 NO 1	inpatient 2 - ER/Outp	petient 3 🗆			e 5 🗌 Residence	_				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY M		URY AT RK? /ES 2 NO	28d. DE\$	CRIBE HOW	INJURY OCCUR	ED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe-	Y — At home	e, farm, street, fact	tory, office			ATION (Street or Town, State	and Number or i	Rural Rout	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	-								nuse(s) ar	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11 - 5	-/	÷		29c. LICENSE NUI	MBER	- 1	29d. DATE SI	GNED (M	onth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	ow to	Aug	m		040	1/3	36	•		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MiD

32. REGISTRAR'S SIGNATURE

Mussela

Robert

31. DATE FILED (Month, Day, Year)

F.

1990

DHMH-18 Rev 1/89

	1. OECEDENT'S NAME (First, MI	iddle, Last)							2. DATE	OF DEATH			3. TIME OF OEAT
	TERESSA	GA	IL	GOLL	AHER				OCT		5 1	990	1056
	4. SOCIAL SECURITY NUMBER		5. SEX	& AGF //n	B. (19)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE (OF BIRTH		8. BIRTH	IPLACE (State or Fo
	223-78-2601		1 □ M 2X1F	38	YRS.	MONTHS	DAYS	HOURS MIN.	JAN	1 Q	1952	Country	GTNA4
	9a. FACILITY NAME (If not institu	ution, give s	street and number)			9b. CITY,	TOWN C	R LOCATION OF		17		NTY OF D	
TOR	UNIVERSITY F	HOSPI	TAL			BALT	ГІМО	RE, MD			C	ITY	
E	RESIDENCE OF DECE	DENT 0b. COUNT	Υ		10c, CI	TY, TOWN OF	R LOCAT	TON					10d. INSIDE CITY
QIRE	MD	BA	LTIMORE		RAT	TIMOR) F	MD					LIMITS?
1	10e. STREET AND NUMBER	-			LDAL	JITHOR		ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
EH	438 Burbank	Cour	t					21227			11	.S.A	
FUNE	11. MARITAL STATUS		12. WAS OECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13. W	MAS DEC	ENDENT OF HISP	NIC ORIGIN	? (Specify Y		14. BACE	— American indi
BY F	1 Never Married 2 🕅 Ma 3 Widowed 4 Divorce		IF YES, GIVE V	MAR OR DATES	3X.110			2 NO Spec		mount, esc.)		Specif	My:
1000	15. DECED		ICATION .	144	a, DECEDENT'S	l Hellal oo	STATE OF THE PARTY	N4	Leas	KIND OF B	USINESS/IND	NATE OF THE PARTY	WHITE
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2	1 2	,	College (1-4 or 5	"	HOME	MAKER	2			OLIN	HOME		
COMPLETED	17. FATHER'S NAME (First, Middle	lie, Last)			110111	·* ** ** * * * * * * * * * * * * * * *		18. MOTHER'S N	AME (First, A				
BE C	LEONARD	WIL	LIAMS					DORA	(WT	LLIAM	(S)	STEE	LEY
10 B	19a. INFORMANT'S NAME (Type				19b. MAILIN	G ADDRESS	(Street a	and Number or Rura					
F	THOMAS M.	GOLL	AHER		438 B	urban	nk C	ourt B	altimo	ore,	MD 2	1227	
	20s. METHOD OF DISPOSITION		noval from State	20b. PL				metery, crematory or			LOCATION —	City or To	wn, State
	4 Donation 6 Other (Sc	pecify)			EDAR H					В	ROOKL	YN, 1	MD
	21. SIGNATURE OF FUNCTIAL II	ERVICE LI	CENSEE			22. N	NAME AL	ND ADDRESS OF	ACILITY				
		711	1					latan E	mara	1 Ham	-		
	23. PART I. Enter the disease or condition resulting in death)	rt feilure.	List only one car	at caused thruse on each	oulm	not enter	Sing L Se the mo		S.I	W. G1	en Bu	rnie rest,	Approxin
FICATION	shock, or heel IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury	rt fellure.	a. DUE TO	dio	INB.	not enter (Sing L Se the mo	cond Ave	S.I	W. G1	en Bu	rnie reat,	Approxin
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STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-54-1865

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

10e. STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

3 Wildowed 4 Divorced

Elementary/Secondary (0-12)

METHOD OF DISPOSITION

IMMEDIATE CAUSE (Final disease or condition

resulting in death)

21. SIGNATURE

BALTIMORE, MARYLAND 21203-3146

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that THE HOSPITA THE FUNERA filed within 7

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After this certificate has been signed by th death with the State Dept. of Health and N is marked, or Item 23 shows any Inji	
TOR: After this certificate has been signed by th after death with the State Dept. of Health and N 28 is marked, or Item 23 shows any inj	
INRECTOR: After this certificate has been signed by the ours after death with the State Dept. of Health and Nem 28 is marked, or Item 23 shows any inject.	
AL DIRECTOR: After this certificate has been signed by the attention and completely filled in by the funeral director, page 5 should be detached for use a 72 hours after death with the State Dept. of Health and Memai Hypis, procure commission, or removal. If item 28 is marked, or item 23 shows any inject, or other transmitte event, the medical examiner must be notified at once.	

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

IMPORTANT:

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27363 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10-7-90 William Martin Horak 1:31AM 7. DATE OF BIRTH (Month, Day, Year) Sept. 10 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 5. SEX 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 🔀 M 2 🗆 F YRS 1965 Maryland 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Caves Road W. of Caveswood Baltimore County Reisterstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY **Baltimore** Owings Mills, 1 YES 2X NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10919 Huntcliff Drive 21117 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried Specify: White 1 TYES 2 NO Specify: 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Sales Doraco 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ellen Sandra Bornscheuer Martin George Horak 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10919 Huntcliff Drive, Owings Mills, Md. 21117 Michelle Anne Horak 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State Church Cem. Donetlon D Other (Specify) John's Hydes, Maryland ault The 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Paul Lochstampfor Timonium, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haert failure. List only one cause on each line. Intarval Between Onset and Death Multiple injuries QUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? TYPES 2 - NO XXXXVES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:

4 - Nursing Home 5 - Residence 6 State (Specify) 1-X5S 2 □ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 10-7-90 Year) 5 Pending 1:20AM Driver in auto/fixed object 1 Natural 1 YES 2XXNO XXX Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number LITIPACT 6 Could not be Caves Rd. W. of Caveswood, Road 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated: * Depth Examiner: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD

111 Penn Street, Baltimore, MD 21201

OCME

31. DATE FILED (Month, Day, Year)

OCT 0 9 1990 HEGISTRAR'S SIGNATURE
Day don-Handall

DHMH-16 Rev 1/89

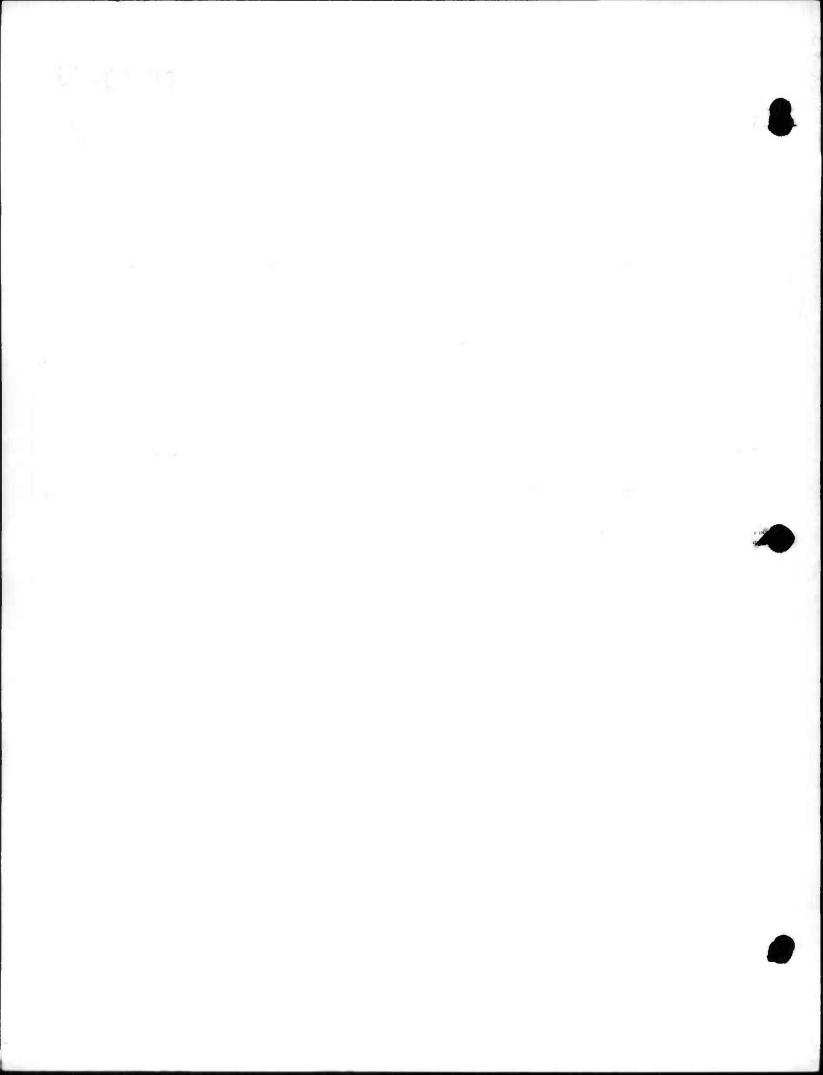
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	FOR STATE REGISTRAR	STATE OF MARYLA		IMENT OF H		MENTAL HYGIE REG. N		0 27364	
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATN MONTH	DAY YE	3. TIME OF DEATN	
	ENOCH	ANDREV	V	HARLAI	N	10	3 90		
4	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS,	7. DATE OF BIRTN (Month, Day, Year)		IRTNPLACE (State or Foreign ountry)	
	219-56-6573	15XM2□F 3	O YRS.	MONTHS DAYS	HOURS MIN.	May 4		aryland	
	9a. FACILITY NAME (If not institution, give		1	96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY		
DIRECTOR	Rt. #63 at Feder	al Express Blo	dg.	Hagerstown				Washington	
l ñ	10a. STATE 10b. COUN	тү	10c. CITY	, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?	
ā	Maryland \	Vashington			Mt	. Airy		1 TES 2 NO	
AL	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?	
띮	13131 Manor Driv				2177	1		JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ YES 2 💢 NO Specify:				RACE — American Indian, Black, White, atc. Specify: White	
ETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION CONTROL OCCUPAT	ON est of working	16b, KIND OF	BUSINESS/INDUST	RY	
1 4		4	Cour	ier		Fed	leral Ex	press	
once. COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Mak	ien Sumame)		
E a	Enoch Lewis Ha	arlan, Jr.				y Ander			
B B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip Coo	le)	
100	Sarah K. Harla					e. Mt. Ai			
a ts	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re	movel from State	other piace)		metery, crematory or	1.50	LOCATION — City		
Ē	4 ☐ Donution 5 ☐ Other (Specify)	$A \cap A$	rlingtor		t Ch. Co		andalist	own; Md.	
medical examiner must be notified at once. TO BE COM	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Timonium Maryland 21093								
of alther staumalie grent, the medit	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Between Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
E Ja	CAUSE (Disease or injury	c. DUE TO (OR AS A	CONSEQUENCE O	f):					
RTIFI	that initiated events resulting in death) LAST			,					
		_ d							
를 그	PART ii. Other significant condit	ona contributing to dasth be	ut not reaulting	in the underlyle	ng cause givan Ir	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
A C						1 X) YE	S 2 NO	OF DEATH?	
shows								1X YES 2 □ NO	
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	theck only one)	-		
ISI	1 M YES 2 □ NO	1 Inpatient 2 ER/Outp	The state of the s	4 - Nursing No		8 X Other (Specify)			
marked, or BY PHYS	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK?	700 700 700 700 700	OW INJURY OCCUP		
mark BY	1 Netural 5 Pending		6:05		YES 2 NO			auto impact	
28 Is	3 Suicide 8 Could not 4 Homicide determined				ce	City or Town, St Express	Bldg., I	63 at Federal Washington	
MPORTANT: It Item	29a. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my know							
N C	III 201 BIONATURE AND TITLE OF CERT	FIER,			29c. LICENSE N	UMBER	29d, DATE S	IGNED (Month, Day, Year)	
POR H	1 Alonald II	Whicht			OCM			0-4-90	
≥ 0	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Typ	e, Print)	I CCM			.0 4 70	
	Donald G. Wrigh				Penn Str	eet, Balt	imore.	MD 21201 Vl	
	31. DATE FILED (Month, Day, Year)				TOINI OUL	ccc, mi		and the second of the Value	
	OCT 09 199	32. REGISTRAR'S SIGN	n-Aandel	6					
	100 100							DHMH-18 Rev 1/6	

E, MARYLAND 21201-3146	lay be retained by the hospital or arrest and are a second and a second and a second are a second and a second and a second and a second are a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a se	page 5 should be detached for use the button sit permit. Pages 1, 2, 3 should	t be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21201-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Js after death. Page 6 may be retained by the hospital or among the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely rified in by the funeral director, page 5 should be detached for use the burner of permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	SIAIE UF MAN		ICATE OF		TENTAL MYGIE REG. N		
,	1. DECEDENT'S NAME (First, Middle, Last) William H	ARTMAN	lliam F. H			Alexander 1	010/4/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 09 4014		GE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber) Aug. 27,		8. BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give stru Harbor Hospital (9b. CITY, TOWN OR LOCATION OF DEATH Baltimon				ty of DEATH timore City
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Anne	e Arundel	10c. CIT	Y, TOWN OR LOCA	TION	ena		10d. INSIDE CITY LIMITS? 1 YES 2 TO NO
	106. STREET AND NUMBER 126 Jackpine I			101. ZIP CODE 21122			1000	ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR			If yes, s	S DECENDENT OF HISPANIC ORIGIN? (Specify res, specify Cuban, Mexican, Puerto Rican, stc.) YES 2 NO Specify:		ea or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S (Give kind of title. Do NOT us	USUAL OCCUPAT work done during m se retired.)	on ost of worlding	166. KIND OF B		ity Fire Dept.
BE COM	17. FATHER'S NAME (First, Middle, Last) William		Hartm	an	18. MOTHER'S NAI	ME (First, Middle, Meidl ine	M •	Meyers
TO B	19a. INFORMANT'S NAME (Type/Print) Isabelle R. Hartm	nan				noute Number, City or Resadena, M		Code) 1122
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	20b. PLACE OF DISPO- other place) Meadowri	dge Memo	rial Parl	k		dge, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	<i>a</i>	McCu?		al Home o Rd., Pas		
	23. PART I. Enter the diseases, or conshock, or heert feliure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)							Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE O					
MEDICAL CEI	PART II. Other significent conditions Respura	e contributing to dee		In the underlyl	ng cause given in	PERF	AN AUTOPSY ORMED? 2 PNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.1	PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Ninpetiant 2 ER 20a. DATE OF INJU (Month, Day, Y	URY 26b. TI	4 Nursing Ho AE OF 28c. If JURY	JURY AT ORK?	6 Other (Specify) 2ed. DESCRIBE HOT	V INJURY OCC	CURED
TED BY	2 Accident Investigation 3 Suicide e Could not be 4 Homicide detarmined	20e. PLACE OF IN building, atc.	JURY — At home, farm, (Specify)		YES 2 NO	201. LOCATION (Stre City or Town, Str	et and Number ite)	or Rural Route Number,
COMPLETED	one)	CIAN: To the best of my R: On the basia of exami						ed. e cause(a) and manner as stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	celos	CHUNG	cus	29c. LICENSE NUI	MBER > 76	29d. DATE	E SIONED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	og Harb	a Hosty	e, Print)	enter 1.	Baltin	ne	
	31. DATE FILED (MONDY, Day, Year) 0 CT 0 9 199(32. REGISTRAR'S	SIGNATURE /	2_	65			



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90 27366 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIII	ICATE	JF L	PEAIR		REG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH
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	A SECONDARY OF THE SECO	5. SEX 1 M 2 D F	6. AGE (In yrs. les	t birthday) YRS.	MONTHS DA	_	F UNDER 24 HRS.		F BIRTH Day, Ybar)		Country)	LACE (State or Foreign Uland
	9a. FACILITY NAME (If not institution, give stre		/ 5		9h CITY TO	WN OR	LOCATION OF DE			TY OF DEATH		
œ	822 Edmondson Avenue						imore			500.000		
2	RESIDENCE OF DECEDENT						DOTCEMOTO					
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland				ity, town or location iltimore					10d, INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	100. STREET AND NUMBER 822 Edmondson A		101. ZIP CODE 2 1 2 0 1				10g. CITIZEN OF WHAT COUNTRY?					
BY FUNE	1	MED 10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. P			14. RACE - Black, Specify	- American Indian, White, atc. Black					
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COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	lro.	ad wo	rke	cr.					
Ö	17. FATHER'S NAME (First, Middle, Lest)						16, MOTHER'S NAP	ME (First, Mi	ddle, Maiden	Surname)		1
BE	Frank Hawkins						SUAIO Number or Rural F	Nic	4008-			
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and	Number or Rural F	loute Numbe	r, City or Tow	n, State, Zip	Code)	1201
F	Herman A. Hawki	ns	8	22	Edmon	dso	in Aven	ue E	Balti	more	M	1201 aryland
	20sk METHOD OF DISPOSITION 1 Description 3 Removed A Donation 5 Other (Specify)	val from Stata	/ 20b. PLACE	OF DISPO	SITION (Name	of cemei	M. Chu		20c. LO	CATION — C	ity or Tow	n, Steta
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSES/					ADDRESS OF FAC					
	· Leroy &	tarre			Lei	roy	Harri	s F/	63 H Ba	8 N. ltim	ore.	Mor Stree Md 21217
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Output Due TO (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disesse or Injury that initiated events	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST											
	PART II. Other eignificent conditions	contributing to	deeth but not	resulting	in the unde	riying	ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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									1 TYES 2	4 %		OF DEATH?
Σ									INSPE	CTION		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH (Ch	eck only one)			
SIC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	FR/Outpatient	3 DOA	OTHER:	n Home	5x Realdence	S C Other	(Specify)			
Η	27, MANNER OF DEATH	28a, DATE OF		28b, TI	ME OF 28	c. INJU	RY AT		CRIBE HOW	INJURY OCC	URED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, E	Day, Year)	- 11	JURY M	WOR	K? ES 2 NO					
0	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — At h atc. (Specify)	ome, farm,	etreet, factory	, offica		28f. LOCA City o	TION (Street r Town, State	and Number)	or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 X MEDICAL EXAMINER	_										and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	1					29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
) BE	10/2	M	_				OCN	Æ_			10/	8/90
10	30. NAME AND ADDRESS OF PERSON WAS	.D De	outy Ch	ief			111 Pe	enn S	t.	Ra	lto.	
	31. DATE FILED (Month, Dey, Year) 9 19	32. REGIS R	R'S SIONATURE	30	2.44		111 10		-	174		, 12 00
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ne law requires that the deal	has been signed by the atte	Dept. of Health and Mental	n 23 shows any Injury,
The law requires that the deal	ite has been signed by the atte	ate Dept. of Health and Mental	em 23 shows any injury,
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IAN: The law requires that the deal	rtificate has been signed by the atte	he State Dept, of Health and Mental	or Hem 23 shows any Injury,
SICIAN: The law requires that the deal	certificate has been signed by the atte	the State Dept. of Health and Mental	, or item 23 shows any injury,
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3 PHYSICIAN: The law requires that the deal	or this certificate has been signed by the atte	th with the State Dept, of Health and Mental	narked, or item 23 shows any injury,
ING PHYSICIAN: The law requires that the deal	ofter this certificate has been signed by the atte	eath with the State Dept. of Health and Mental	marked, or item 23 shows any injury,
IDING PHYSICIAN: The law requires that the deal	: After this certificate has been signed by the atte	death with the State Dept. of Health and Mental	is marked, or item 23 shows any injury,
ENDING PHYSICIAN: The law requires that the deal	DR: After this certificate has been signed by the atte	ter death with the State Dept. of Health and Mental	I is marked, or item 23 shows any injury,
ITENDING PHYSICIAN: The law requires that the deal	TOR: After this certificate has been signed by the atte	after death with the State Dept. of Health and Mental	28 is marked, or item 23 shows any injury,
ATTENDING PHYSICIAN: The law requires that the deal	LECTOR: After this certificate has been signed by the atte	rs after death with the State Dept. of Health and Mental	n 28 is marked, or item 23 shows any injury,
OR ATTENDING PHYSICIAN: The law requires that the deal	NRECTOR; After this certificate has been signed by the atte	ours after death with the State Dept. of Health and Mental	em 28 is marked, or item 23 shows any injury,
, OR ATTENDING PHYSICIAN: The law requires that the deal	DIRECTOR: After this certificate has been signed by the atte	hours after death with the State Dept. of Health and Mental	Item 28 is marked, or Item 23 shows any Injury,
CAL OR ATTENDING PHYSICIAN: The law requires that the deal	AL DIRECTOR; After this certificate has been signed by the atte	72 hours after death with the State Dept. of Health and Mental	If Item 28 is marked, or Item 23 shows any Injury,
PITAL OR ATTENDING PHYSICIAN: The law requires that the deal	ERAL DIRECTOR; After this certificate has been signed by the atte	n 72 hours after death with the State Dept. of Health and Mental	T: If Item 28 is marked, or Item 23 shows any Injury,
SPITAL OR ATTENDING PHYSICIAN: The law requires that the deal	NERAL DIRECTOR: After this certificate has been signed by the atte	thin 72 hours after death with the State Dept. of Health and Mental	.NT: If Item 28 is marked, or Item 23 shows any injury,
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	FUNERAL DIRECTOR; After this certificate has been signed by the atte	within 72 hours after death with the State Dept, of Health and Mental	IANT: If Item 28 is marked, or Item 23 shows any injury,
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal	E FUNERAL DIRECTOR: After this certificate has been signed by the atte	d within 72 hours after death with the State Dept, of Health and Mental	HITANT: If Item 28 is marked, or Item 23 shows any Injury,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal	THE FUNERAL DIRECTOR: After this certificate has been signed by the atte	fied within 72 hours after death with the State Dept. of Health and Mental	PORTANT: If Item 28 is marked, or Item 23 shows any injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zermous after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlai, cremation, or removal.	IMPORTANT: It lies 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

permit. Pages 1, 2, 3

90 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH 10-6-90 DAY YEAR BELLE M. HEYWOOD 2:00AM 7. DATE OF BIRTH (Mogth, Day, Year) 10-27-03 4. SOCIAL SECURITY NUMBER 8. AGE (In yra. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS New Jersey HOURS 1 M 2 F 216-12-7521 86 YRS. So. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH RECTOR Meridian Long Green Baltimore N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h. COUNTY 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TES 2XXNO 10s. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 205 N. Tyrone Road 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Ma IF YES, GIVE WAR OR DATES Specify. White BY 3 Widowed 4 Divorced G 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) Baltimore Contracting Treasurer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Frank Austin Heywood Clemie Belle White BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Keith Straley 13834 Manor Glen Road Baldwin, Maryland 21013 20a. METHOD OF DISPOSITION
XX Burlal 2 Cremation 3 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Lorraine Park Cemetery Baltimore, Maryland 4 Donatic on/ 5 🗆 Other (Specify) OF FUNERAL OLIKE 22. NAME AND ADDRESS OF FACILITY Dennis Stephen Xenakis Mitchell-Wiedefeld Home 6500 York Rd 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Betwe **Onset end Death** IMMEDIATE CAUSE (Final disease or condition epsis wee 4 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): VA reeh CERTIFICATION quentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER atient 2 ER/Outpatient 3 DOA 1 YES 2 NO ling Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Pay, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 80 BE 3 178

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

401 Mandell

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be in	be filed within (2 hours after death with the Solds Dept., or negating any property produces, constantly, or encodes, solds and the medical examiner must be notified at an important; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at an important or the state of	
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the burial-transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM				YGIENE REG. NO.	9	0 27368			
	1. DECEDENT'S NAME (First, Middle, Lyst)	HIN	ES			2. DATE OF MONTH	DEATH DAY	90				
	4. SOCIAL SECURITY NUMBER 219-22-8379	5. SEX 8. AGE (In yrs. le	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 7 1 9	1192	8 MZ	NRTHPLACE (State or Foreign country) ARYLAND			
TOR	90. FACILITY NAME (If not institution, give so GOOD Samaritar RESIDENCE OF DECEDENT		96.		MORE (
DIRECTOR	10a. STATE 10b. COUNTY	HITIMORE		SAL7		₹ € € € € € ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹						
FUNERAL		101. ZIP CODE 212										
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 FIF YES, GIVE WAR OR DATES 1/5/15 to 12	if yes, spi	ENDENT OF HISPAN acity Cuban, Maxico 2 NO Specifi	n, Puerto Rice			RACE — American Indian, Black, White, etc. Specify: Black				
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a, D	DECEDENT'S USU Give kind of work fe. Do NOT use rel	AL OCCUPATIO		16b. KII	ND OF BUSIN	ESS/INDUST	RY			
COMPL	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA							
3 BÉ	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADI	ORESS (Street a	nd Number or Rural I	CTA F.		_	(6)			
19	CAROLYN HINES				EW AVE	NUE	_		,MD 21216			
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	owel from State Other i			netary, crematory or				or Town, State RE , MARYLAND			
	21, SIGNATURE OF FUNERAL SERVICE LIC	OY O. DY	ETT	& SON	I FUN	ERAL HOME NUE 21207						
	23. PART I. Enter the disease, prospective. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	complications that caused the c List only one cause on each life a.	-ailure	enter the mo								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificant condition	a contributing to death but not	t resulting in t	he underlyin	g ceuse given in		Ia. WAS AN AL PERFORM	ED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pi	ACE OF DEATH (Ch	eck only one)						
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 (e 5 🗆 Residence							
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	M 1 🗆	IURY AT PRK? YES 2 NO		NIBE HOW INJ					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	nome, tarm, stree	и, тастогу, отно	•		Yown, State)	T NUMBER OF P	Bural Route Number,			
COMPLET	cool only	ER: On the basis of examination and/o							ouse(a) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	e'sly, M	· O ·	29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year)			
TO	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pri	nt)								
	31. DATE FILED (Month, Day, Year)	Letter Saindry Rando	102									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 within 2000 after death. Page 6 may be retained by the highway customer physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for year, as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Heath and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	101	101	De 1	IME

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN REG. NO	9 11	27369				
1. DECEDENT'S NAME (First, Middle, Las Betty Co	•	IUDSON			AY YEA					
4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS.	October 7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign				
226-30-0670	I THORE	1 YRS. MONTH	B DAYS HOURS MIN.	Dec. 21.		ountry) Virginia				
9e. FACILITY NAME (If not institution, giv		9c. COUNTY C								
Franklin Square RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER 9703 Uxbridge 11. MARITAL STATUS 1 Never Married 2 X Merried	. Hospital		Rossville		Balt	Baltimore				
10e. STATE 10b. COU	NTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?				
Maryland B	Baltimore	С	arney							
10e. STREET AND NUMBER	2.1		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
9703 Uxbridge	12. WAS DECEDENT EVER I	N II S ADMED	3. WAS DECENDENT OF HISPA		a oz No 14 5	RACE — American Indian,				
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 XNO	If yes, specify Cuben, Mexic 1 YES 2 XNO Spec	en, Puerto Rican, etc.)	- 3	Black, White, etc. Specify: White				
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completedi	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BU	SINESS/INDUSTR	RY				
Elementary/Secondary (0-12)	College (1-4 or 8 +)	ille. Do NOT use retire	d.)							
8		Homemake			Home					
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden						
John B. Hodnet	て	405 MAILING ACOR	ESS (Street end Number or Rura	Elizabeth						
Robert E. Hudso	12					1 2 3 4				
200. METHOD OF DISPOSITION			xbridge Rd., (Name of comotory, cromatory or		CATION — City					
1 Donation 6 Other (Specify)	emoval from State	Parkwood Ce			ultimore	o MD				
21. SIGNATURE OF PUBLISHED SERVICE			ROBERT C. ALT	ACILITY						
23. PART f. Enter the diseases	al. alterta		6009 Harford			MD 21214				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Bue To (OR AS A CONSEQUENCE OF): Post Operative Myocardial Infarction									
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	tions contributing to death	but not resulting in the	undarlying cause given i			24b, WERE AUTOPSY FINDINGS				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				1 TYES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF DEATH (Check only one)						
EXAMINER?	HOSPITAL:		1ER: Nursing Home 6 ☐ Residence	OBS CONTRACT						
	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	ED				
a Davids	28e. PLACE OF INJUR building, etc. (Spo	ty — At home, farm, street, ecfly)	factory, office	281. LOCATION (Street City or Town, State		turel Route Number,				
CONSCIL OTHY	IYSICIAN: To the best of my kno		THE RESERVE ASSESSED.			ruse(e) and menner as stated.				
296. SIGNATURE AND TITLE OF CERTIF	FIER THE TOTAL	sabast	29c. LICENSE N	UMBER 973 78	29d. DATE SIG	SNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON										
George JABA	32. REGISTRAR'S SIG	9000 Fran	klin Sq. Dr.	, Ralto , 2	21237					
OOT OO		vidson-Randage								
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	101	101	be filed within 72 hours after death with the State Dept. or Health and Merial Hyglene prior to burial, cremation, or removal.	M

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENIAL	REG. NO.	and and	U	21310
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				. TIME OF DEATH
1 1	Ja	mes Hill							Octo	ber 7		YEAR	6:45 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER		IF UNDER		7. OATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
		1 M 2 - F	70	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) -13-1	19	Country)	Carolina
	9s. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN OF	R LOCATIO	ON OF DE			9c. COUNT		
8	Maryland Gener	ral Hospi	tal		Ra	1timo	ore	City	7				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1000		40. 017	Y. TOWN O			·····y				122	d mains are
1 1 1				10c. CII								1	Dd. INSIDE CITY LIMITS?
	MD				Ва	tim	ore				100 CITIZE		TYES 2 NO
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FUNERAL	1517 Chapel S	12 WAS DECEDENT	EVER IN U.S. AR	MED	13. 3		212	41.0	NIC ORIGIN?	(Specify Yes	or No.— 1	U.S.	- American Indian,
	1 Never Merried 2 Merried	YES 2 LA	10	1.7	If yes, spec	cify Cuba	n, Mexice	n, Puerto Ric			Black, V	Vhite, atc.	
B								оресп	,.			Specify.]	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of				USUAL OG			na .	18b. K	IND OF BU	SINESS/INDU	STRY	
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₽						דדע						aus	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mic		,		
띪	Thomas Hill 190. INFORMANT'S NAME (Type/Print)		L		.200.00		J	ose	phine	Li	n, State, Zip C		
2			19										
	Rosa Hill 200, METHOD OF DISPOSITION		20b. PLACE						et Ba	alto	MD CATION — CI	2	1213
	Buriel 2 Cremation 3 Remo	val from State	other pi	800)							Balto		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		ĮV,	22.	Zion	D ADDRES	Met ss of fa	ery CILITY			,	
	1 Torotha	Dect	الم الم	001	E.	L.P	hi1	1ip	s Fu	nera	1 Hom	ie	
\vdash			-								212		
	23. PART I. Enter the dieeesee, or c shock, or heert fellure. L				not enter	the mod	de of dy	ing, euc	ch ee cerdie	ec or reep	Iretory erre	et,	Approximete interval Between
	iMMEDIATE CAUSE (Finei diseese or condition	Motoo	totic A	J		*		. 1	-				Onset and Deeth
	resulting in deeth)		OR AS A CONSE	Adenocarcinoma of the Lung					Lung				
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CERTIFICATION	Sequentieily list conditions, if sny, leeding to immediate	DUE TO	OR AS A CONSE	DUENCE C	F):								
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury												
E	that initiated evente resulting in deeth) LAST	OUE TO	OR AS A CONSE	DUENCE C	PF):								
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	PART ii. Other eignificent conditions	contributing to	deeth but not i	reeuiting	in the ur	nderlying	ceuee	given in	Pert i.	24a, WAS AN			PERE AUTOPSY FINDINGS
ICAL	Hydroneph	rosis (B	ilatera	1)						PERFO		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED													YES 2 NO
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	heck only one)			
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		5 🗆 Re	esidence	8 🗆 Other	(Specify)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY ay, Year)	28b. TII	ME OF JURY	28c. INJU	JRY AT		28d. DE\$C	RIBE HOW	INJURY OCCI	JRED	
8	1 Natural 5 Pending 2 Accident Investigation				М		ES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, faci	tory, office			28f. LOCA City or	TON (Street Town, State	and Number o	or Rural Rou	ite Number,
<u>.</u>									L				
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner se stated.												
Š	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and n									and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CENTERIES 29d. DATE SIGNED (Month,												
10 B	9 2000										-70.		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	e, Print)								
	Scott Silas			c/o	Mary	land	l Ger	nera	1 Hos	pital			
1	OCT 09 1990	BEGISTEA	R'S SIGNATURE	de po									
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR	DIRE	Tel	
٢	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeriours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE		0 27371			
	1. OECEOENT'S NAME (First, Middle, Last) LOUISE	HAILES				2. DATE OF DEATH MONTH 9-23		3. TIME OF DEATH 2:31 P. M			
	4. SOCIAL SECURITY NUMBER 329-24-8506 96. FACILITY NAME (If not institution, give st	1 M 2 XF 74	YRS.	ONTHS DAYS OL. CITY, TOWN OF	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 19,	1916 N	BIRTHPLACE (State or Foreign Country) Iorth Caroli Y OF DEATH			
TOR	Francis Scott	Key Hospita	al	Baltimore Baltimore							
DIRECTOR		imore		town on Locati			10d. INSIDE CITY LIMITS? 1 YES 25 NO				
FUNERAL	100. STREET AND NUMBER East Point Nurs	sing Home		101.	21224			10g. CITIZEN OF WHAT COUNTRY? United States			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		I. RACE — American Indian, Black, White, etc. Specify: Black			
LETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Me. Do NOT use i	rk done during mos retired.)	t of working		BUSINESS/INDUS				
COMPLET	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Retired	Super		FOOG	Serv	ice			
BE C	Unknown					ma White		4			
10	190. INFORMANT'S NAME (Typo/Print) Sandra L. Jeffe	rcon	The state of the s			Route Number, City or		1.00			
	20g, METHOD OF DISPOSITION 1 Disposition 3	206		911 Lake Overlook Dr., Mitchellvi							
	4 Donation 5 Other (Specify)	Li		emoria	1 Ceme	tery S	Suitla	nd, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Stewart	- TIF	Stewart Funeral Home 4001 Benning Road, N.E. Wash. D.C.							
NOI	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease by condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	S (VI)					years			
MEDICAL	PART II. Other significant condition	contributing to death b		the underlying	cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	, 10	28. PL	ACE OF OEATH (C	heck only one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a, DATE OF INJURY (Month, Day, Year)		OF 28c. INJR	JRY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, str clfy)			281. LOCATION (Stre City or Town, St	et and Number or ste)	Purel Route Number,			
COMPLETE	anal	CIAN: To the best of my know R: On the baels of examinatio						i. cause(e) and manner as stated.			
BE	1 296. SIGNATURE AND TITLE OF CENTRIES	n.O. att	1. Physis	vian	296. LICENSE NU D-14	(18	29d. DATE	9/26/90			
TO	BIENVENIDO 31. DATE FILED (MOINT), Day, Year)	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F S M · D) NATURÉ	- 21 P	aubror	KRY-(OCKEYS	SVILLE M.d.			

DHMH-16 Rev 1/89

null permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MA			ICATE				MENTA	L HYGIENI REG. NO.	E	90	27372
1. DECEDENT'S NAME (First, Middle, Last)			4					2. DATE MONTI	of DEATH	990	YEAR	3. TIME OF DEATH 3:30am
Theresa I 4. SOCIAL SECURITY NUMBER 216-30-0820	5. SEX 1	AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH Day, Year) b.9,1		8. BIRTHE Country	PLACE (State or Foreign
9s. FACILITY NAME (If not institution, give	street and number)	54	YHS.	9b. CITY, 1					D.9,1	9c. COU	NTY OF DE	
914 Orems Roa	ad			Essex					BAltimore			imore
10a. STATE 10b. COUNT			10c. CIT	10c. CITY, TOWN OR LOCATION							Т	10d, INSIDE CITY LIMITS?
Md.	BAltimor	е		F	Esse	X						1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WHAT CO			HAT COUNTRY?	
914 Orems Roa			21221 ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S					USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X		11	NS DECEM yes, spec YES 2	Ify Cuba	n, Mexica	n, Puerto I	f? (Specify Yes Rican, etc.)	or No—	14. RACE Black, Specifi	- American Indian, White, etc.
15. DECEDENT'S EDI (Specify only highest grad		16a, DE	CEDENT'S	USUAL OCC	CUPATION	of workin		16b	KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	ille	Nur	ise retired.)	any most	or workin	v					
17. FATHER'S NAME (First, Middle, List)	D						ori		Middle, Malden	Surname)		
Fdward Fitz	MILLIE A	19						Route Number, City or Town, State, Zip Code) Baltimore Md. 21221				
Joseph Hoppe				4 Ore				Ba.				
20g. METHOD OF DISPOSITION 145 Burlel 2 Cremetion 3 Rec 4 Donation 5 Other (Specify)	noval from State	20b. PLACE Other pl LOU	of bispo	Park	c Ce	met	ery				MOT (
THOMATURE OF FUNERAL SERVICE L	ICENSEE	Ma	40 8 /		onne				lHome	300M	1Ace	Ave.2122
IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant condition	ons contributing to de	eath but not	resulting	in the und	derlying	cause (given in	Part i.	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF 0	EATH (Ch	eck only o	ne)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 E	R/Outpatient	3 🗆 DOA	OTHER 4 - Nursi		5 🗆 Re	esidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF IN (Month, Day,		28b. TH	ME OF JURY M	28c. INJU WOR 1 YE	RY AT IK? ES 2	□ NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	NJURY — AI the c. (Specify)	ome, farm,	street, facto	ery, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one)	SICIAN: To the best of my) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LIGENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 1												
30. NAME AND ADDRESS OF PERSON W	ermo	4	04	Eas	41/2	B	Iva	/	Bai	1/0/	ud	2122
OCT 09 1990	guia Davidson	S SCHATURE	12	1								

BALTIMORE, MARYLAND 22208-3146	nours after death. Page 6 may be retained by in modern in up ming physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be surveyed as the burial-transit permit. Pages 1, 2, 3 should have a fair death with the State Derf of Health and Mental Motivine prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the normal physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physiolan and completely filled in by the funer as such within 72 hours after death with the State Deat of Health and Mental Hotilene bring to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (e Hornick	, RSM			2. DATE C	F DEATH	9(VEAR	1250
4. SOCIAL SECURITY NU. 21-3-14-58		S. SEX 6. AGE	(In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR		7. DATE O	F BIRTH		. BINTHP	LACE (State or Foreign y land
80. FACILITY NAME (If not Mercy Hos	institution, give	street end number)			n or Location of Di		720	9c. COUN	ITY OF DE	
RESIDENCE OF DI	A1		100 000	Y. TOWN OR LOC						IOd. INSIDE CITY
MD	Bal	timore	100. 011					1 U Y		
6808 Be		Avenue		10f. ZIP CODE 21212						A COUNTRY?
0	11. MARITAL STATUS (M_XNever Married 2 Merried 3 Wildowed 4 Divorced 12. Was Decedent even in u.s. AF FORCES? 1 YES X X 1 IF YES, GIVE WAR OR DATES			If yes,	ecendent of Hispai specify Cuben, Mexica ES 2XXNO Specif	an, Puerto Ri	serto Rican, atc.) Blac			American Indian, White, etc.
	ecedent's education of the control o	le completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	TION most of working	1.00	relig			
17. FATHER'S NAME (First, John F.	Horn	ick			16. MOTHER'S NA Elsi		iddle, Meiden UETW2		Horn	ick
Sr. Jogu		ith, RSM			11448/B				239	
20a, METHOD OF DISPOS X 12 Burlel 2 Creme 4 Dopation 5 Ott		moval from State	b. PLACE OF DISPO	OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION -						e, MD
21. BIGNATURE OF TURE	22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 736 Edmondson Ave/Balto. MD									e, Inc.
	ahock, or heart fellure. List Dnly one cause on each line. Interval Between Onset and Death disease or condition resulting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
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I or attending physician.

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BALTIMORE, MARYCA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shurld an effect within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, crem. 3, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, i medical examiner must be notified at on
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR A	L DIREC	I Item
	HOSPITA	FUNERA within 72	TANT: H
	TO THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, crem. 13, or removal.	IMPOR

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 90 27374										
	1. DECEDENT/S NAME (First, MIGHIG, Line) THEODORE TELESFORA INOCENCIO 2. DATE OF DEATH MONTH TO DAY VEAR 3. TIME OF DEATH MONTH TO DAY VEAR TO D										
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1 M 2 F 4. SOCIAL SECURITY NUMBER 24 HRS. 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Your) 4. BIRTHPLACE (Stafe or Foreign Country) MAY 2 AND MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Your) 8. BIRTHPLACE (Stafe or Foreign Country) May 2 And May 3 And Min.										
OB	SO. FACILITY NAME (I not institution, give street and number) ARBOR HOSPITAL CENTER PROPERTY SUITED SO. COUNTY OF DEATH N/A										
딜	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?	\exists									
FUNERAL DIRECTOR	Maryland N/A Baltimore City (Brooklyn) 1XXves 2 □ No										
	100. STREET AND NUMBER 3535 Third Street, 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21225 USA	10g. CITIZEN OF WHAT COUNTRY?									
NS I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black White also										
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES If yes a specify: Under, wearcain, Puerto Hickin, etc.) 1 Yes 2 N NO Specify: White										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
APL	11th Office Clerk Stofberg Bros. Furniture										
	17. FATHER'S NAME (First, Middle, Leat) Leoncio Domingo Inocencio 18. MOTHER'S NAME (First, Middle, Malden Surname) Betsy Ross Lowery Inocencio										
BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	-									
5	Mrs. Patricia D. Warczynski 3512 Horton Avenue, Baltimore, Maryland 21225 200. METHOD OF DISPOSITION (Name of commency, cremetory or 200. LOCATION — City or Town, State										
	20a. METHOD OF DISPOSITION XX Burlal 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Glen Burnie, Maryland										
	21. SCHATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 21225 237 East Patapsco Ave., Baltimore, Md.	;									
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in deeth) s. Price to the second										
7	BUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING										
IFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in deeth) LAST	_									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE										
MEDIC	1 YES 2 NO OF DEATH?										
N. N											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO	4									
HYS	1 YES 2 NO 1 Month 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. INJURY AT WORK? 28c. INJURY AT WORK?	-									
ВУ Р	Partural 5 Pending Accident Investigation M 1 YES 2 NO										
	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	200. SIGNATURE AND TITLE OF CERTIFIED. 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 100 - 7 - 90										
10	34, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. V. TRANAROLT 30d S. Hanivel & Bultima md 2030	_									
	31. Date filed (Month, Day, Mar) 09 1990 That Sinary Endow. Render										

STORE DE

4	BALTIMORE, MARYLAND 21203-3146	OD ATTENDIO DEVELORAS. The law remainer that the death partificate he exempted within sure after death. Page 8 may he retained by the breakted no otherwise.
	BALT	are after death
		b
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	difficate be executed within
	DS, P.O	the death ce
	L RECOR	fast consists the
	OF VITAL	DUNCHUM The
	DIVISION	OD ATTENDING

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MILDRED B. JOY

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF			8. BIRTHPL Country)		
	218 10 9879	1 □ M 2XXF	76	YRS.					7, 19	14	Mar	yland	
oc	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN DR LOCATION OF DEATH 96. COUNTY OF DEATH ANNE ARUNDEL ANNE ARUNDEL ANNE ARUNDEL												
5	RESIDENCE OF DECEDENT										ANOIND		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAL Maryland Baltimore							Landsdowne 1					
EMAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN C 21227 Uited												
COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDIvorced	12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If ye		Ify Cuban, Maxica	n, Puarto Ric	IGIN? (Specify Yea or No— I4. RACE — Black, W Specify:			White, etc.	
	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1.2	DUCATION ade completed) College (1-4 or 6	+) (Giv	ve kind of w Do NOT use	ork done during netired.)	ng most i	of working	16b. P	UND OF BUSI		Elec	tric	
CON	17. FATHER'S NAME (First, Middle, Last) George	В.	Buc	ckmas	ter	1	Fannie		ddle, Malden S		(Unkn	own)	
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 230 Dogwood Rd., Millersville, MD 21108											8	
í	26a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other ple	ce)			tery, crematory or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or Town		
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· M	O (OR AS A CONSEQ O (OR AS A CONSEQ	UENCE OF):	re	4					Onse	
YSICIAN: MEDICAL CE	PART II. Other algnificant condit	contributing to	o deeth but not re	esulting in	the unde	riying	ceuse given in		PERFORI	MED?	o o	VERE AUTOR	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE DF DEATH (Ch	eck only one					
PHYSIC	1 TYES 2 NO		☐ ER/Outpatient 3				5 🗆 Residence	5 🗆 Other	(Specify)				
מו ומ	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident investigation	m 1 TES 2 NO											
2	3 Suicide 6 Could not 4 Homicide determined	Dullding building	OF INJURY — At hor i, etc. (Specify)	me, farm, si	treet, factory,	, office		28f. LOCAT City of	TON (Street ar Town, State)	nd Number	or Rural Roo	rte Number	
OMPLET	and and	IYSICIAN: To the best of										and manne	
TO BE CO	290. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	~	USE OF DEATH (ITEN	# 27) (Type,	Print)		29c. LICENSE NUI	MBER		29d, DATE	SIGNED (A	Aonth, Day,	
	Dr. Mark Kaplan		1 Dr., G		Burnie	e, M	D 21	061					
	OCT 09 1990	gilia Davi	AR'S SIGNATURES	ماد									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

90 27375

1020

8. BIRTHPLACE (State or Foreign Maryland

YEAR

90

10g. CITIZEN OF WHAT COUNTRY? **Uited States**

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 TES 2 NO

14. RACE - American Indian, Black, White, etc. Specify: White

21122

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

REG. NO.

01

2. DATE OF DEATH

transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN REG. NO.		27376		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN H. JONES					2. DATE OF DEATH DO 10-5-9	YE Ö	3. TIME OF DEATH 11:25 AM		
1.3	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign Country)		
	215-18-7634 9s. FACILITY NAME (If not institution, give s		68 YRS.	6-2-22	-2-22 VA.					
TOR BO	CHURCH HOSPITA	CITY								
DIRECTOR	10e. STATE 10b. COUNTY	′	10c, CIT	IMORE	RE 10d. INSIDE CITY LIMITS?					
ERAL	100. STREET AND NUMBER 208 N. DOUGLAS	S CT.		101.	21231		10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 NO R DATES	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: B L. A C K		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON at of working	16b. KIND OF BU	SINESS/INDUST	'HY		
WPL .	7 th	Conege (14 or 5+)	GLOBE	SECUR	ΙΤΥ					
	17. FATHER'S NAME (First, Middle, Last) EARL JONES				THE PERSON NAMED IN	ME (First, Middle, Meiden				
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		SSIE WI Route Number, City or Tow				
	BERNICE JONE		208	DOUGLAS	S CTB	ALTIMORE	, MD.	21231		
must n	20a. METHOD OF DISPOSITION XIXBurlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	GARRICOS ON	FORES	T VET.	CEM. OW	INGS I	MILLS, MD.		
схашшег	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE			MARCH		01 E.	NORTH AVE.		
event, the medical examiner must be	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse o	n aach line.		171	h sa cardisc or reap	Iratory srrest	, Approximats interval Between Onset and Death		
	disease or condition resulting in death) e. CARDIO RES PIRA TO RY ARIEST DUE TO (OR AS A CONSEQUENCE OF): METASTATIC LUAS CA. DUE TO (OR AS A CONSEQUENCE DF):									
CATI	cause. Enter UNDERLYING									
injury, or other traumant	CAUSE (Disease or injury that initiated events resulting in death) LAST									
CEF OF	DART II Other elapificant condition	d	th but not moultine	In the underlyin	a seuse alum la	Boot I Dec MRC AN	LAUTOBOV	24b. WERE AUTOPSY FINDINGS		
red, or item 23 shows any inju PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND 1									
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE DF DEATH (C)	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 - DOA	OTHER: 4 - Nursing Hon	ne 6 🗆 Residence	6 Other (Specify)				
PH.	27. MANNER OF DEATH 1 Netural 6 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye		JURY WO	JURY AT DRK? YES 2 ND	28d. DEŞCRIBE HOW	INJURY OCCUR	RED		
28 is marked, or item 23 TED BY PHYSICIAN	2 Accident investigation 3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	atreet, factory, offic	ו	28f. LOCATION (Street City or Town, State	end Number or	Rural Route Number,		
MPORTANT: If Item 28 Is O BE COMPLETED	cool cray	BICIAN: To the best of my I						euse(e) end menner se stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU		29d, DATE 8	IGNED (Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WI	Portatur		Print)	D - 31	418	,,,	/3//0.		
	DR. SERGIO MA	ATEO M.D.	10321	CONGRES	SIONAL	CT ELL	COTT	CITY 21043		
	31. DATE FILED (John, John 14)	32. 8 GUTBAR	SIGNATURE Adapte	22_						

27376

100 100	
al examiner must be notified at ohce.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at often.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacthe be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the phosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			IENE C	0 3	27377			
	1. DECEDENT'S NAME (First, Middle, Last) JOE JONES	(JOSEPH H.	JONES)	1	2. DATE OF DEA OCTOBER	6, 1990	EAR .	ме оf DEATH :30 а.т.м			
	4. SOCIAL SECURITY NUMBER 217 - 38 - 7831	38-7831 1 V M 2 D F 48 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 9-4-42							B. BIRTHPLACE (State or Foreign Country)			
TOR		SETON HILL MANOR NURSING HOME BALTIMORE CITY BALTIMORE										
FUNERAL DIRECTOR		STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION							INSIDE CITY LIMITS? V YES 2 NO			
ERAL	100. STREET AND NUMBER 2017 RAYNER	Market Area and Area							10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1) YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO ATES	If yes, spe	ENDENT OF HISPAN city Cuben, Mexican 2/NO Specify	n, Puerto Rican, el						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use MAINTEN	rk done during mos	il of working	125,050	NATION		ANK			
COM	17. FATHER'S NAME (First, Middle, Last) HENRY ROBINSO	N			16. MOTHER'S NA	ME (First, Middle, A	felden Surname)	,,,,				
BE (19e. INFORMANT'S NAME (Type/Print)	14	19b. MAILING A	ADDRESS (Street a		ES JONE	or Town, State, Zip C	ode)				
2	ETHEL LEONARD		2017	RAYNER	AVE		DRE, MD					
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Denation 8 Other (Specify)	noval from State	other place) STERN S	TAR CE	METERY		CATONSV					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			MARCH		1101 E.	NORT	TH AVE.			
	23. PART I. Enter the diseases, pr shock, pr heart failure.	complications that cause List only one cause on e		ot enter the mo-	de of dyling, suci	h as cardiac or	reapiratory arres	it,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. CARDIO	RESPIRA	TORY	ARR	EST			30 wiv.			
Z	DUE TO (OR AS A CONSEQUENCE OF): H.I.V. ENCEPHALOPATHY 2 YE											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	A										
Σ.Σ						_		'	YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Ch			_				
HYS	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME	OF 28c. INJ			(y) HOW INJURY OCCU	RED				
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation											
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	enel	SICIAN: To the best of my know							menner ee stated.			
E C0	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			SIGNED (Mon				
TO B	Charlesty. F.S.	Lefre MD	attendi	y M.D.	D 32	845	> /	0/6/	90			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Blint) CHARLES W. FLEXNER, M.D., JOHNS HOPKINS HOSP., BALTO., MD. 21205											
	31. DATE FILED (MONNTIPE) MEN 199	32. BEGIFTRAN'S SIGN	NATURE Jande					,				

ITEMS:23,27 per ME G-670 12/24/90 cm

	1 - FOR STATE REGISTRAR	STATE OF MA			MENT OF I			MENTAL	HYGIEN REG. NO.	E 9() 2	27371	8
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE O		V VI	3.	TIME OF DEATH	-
	Nigel				Jenk	ins,	II	10	4	9		6:05 A	M
	4. BOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	Day Year)		BIRTHPLA Country)	CE (State or Foreig	gn
	243-63-3993	1 X M 2 □ F	2	YRS.	MONTHS DAYS	HOURS	MIN.	7	8 88			Caroli	na
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCAT	ON OF OE	HTA		9c. COUNTY	OF DEAT	н	
DIRECTOR	Prince George's General Hospital Cheverly									Prince George's			
R	10a. STATE 10b. COUNTY				TOWN OR LOCA						100	S. INSIDE CITY LIMITS?	
		ce George	S	Bl	adensbu							YES 2 NO)
FUNERAL	10e. STREET AND NUMBER				10	1. ZIP COE				10g. CITIZEN			
Ä	5431 Varnum Stree					207						States	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1						IIC ORIGIN? n, Puerto Ri	(Specify Yealcan, etc.)	or No- 14.	RACE Black, W	American Indian, hita, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 XNO	Specify	r:			Specify: .	Black	
ED I	15, DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	JSUAL OCCUPATI	ON		16b.	KIND OF BUS	I SINESS/INDUST			
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G		ork done during me		ing						
PLE	N/A	College (1-4 or 5+)		N	/A				N/	Α			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				,	18, MOT	HER'S NA	ME (First. M	iddle, Maiden				
Ö	Nigel Leonard Jer	kins. Sr				100		Stat					
BE	19a. INFORMANT'S NAME (Type/Print)	THE LEATHER		b. MAILING	AODRESS (Street					n, State. Zin Co.	de)	-	
2	Nigel Jenkins, Sr				Varnum						207	10	
TO BE COM	20a. METHOD OF DISPOSITION	- •			ITION (Name of ce			JEAGC	_	CATION - City			
	1 Burial 9 Cremetion 3 Ram 4 Displicion 5 Other (Specify)	oval from Stata	other pl	ace)	rch Cem					mter,		0.111	
4.	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	0 /	2				CILITY T				eral Ho	ma
વ	1.	111	01							ver, M			III E
	Almny C	offla	× /-									0765	
AL CERTIFICATION	23. PAT I. Enter the eleeses, or complications that ceueed the deeth. Do not enter the mode of dying, such as cardisc or respiratory erreat, shock, of heart feliure. List only one cause on each line. MacDiate Cause (Finel disease or condition resulting in dasth) Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
N C	PART II. Other aignificant condition	ne contributing to	deeth but not	reauiting i	n the underlyir	g cause	given in	Part I.	24s. WAS AN			RE AUTOPSY FIND	
1 3								PERFORMED? 1 YES 2 □ NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
YSICIAN: MEDIC												DEATH?	
								-			Ι΄,		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF	DEATH (Ch	eck only on	9)				
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ŒR/Outpatiant 3	3 🗆 DOA	OTHER:	ne 5 🗆 F	Pasidanca	6 Other	(Specify)				
	27. MANNER OF DEATH	28a. DATE OF	NJURY	26b. TIMI	E OF 28c. IN	JURY AT	129/09/102			NJURY OCCUP	RED		
	1 Natural 5 Pending	(Month, De	y, Year)	INJ	URY W	ORK? YES 2	□ NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — AI h	ome, farm, s	treet, factory, offi			261, LOC/	ATION (Street	end Number or	Rural Rout	e Number,	
TED	4 Homicide 6 Could not be	building, e	etc. (Specify)						or Town, State,				
PLET	294. CERTIFIER												_
P P	(Check only	ICIAN: To the best of I	_										
COMPLET	2 MEDICAL EXAMINE	EN: On the basia of ax	amination and/or	investigatio	n, in my opinion,	death occ	ured at the	time, data	and place, as	nd dua to the c	ause(a) ar	nd manner ee stat	red.
BE	294 SIGNATURE AND TITLE OF CERTIFIE	R	1	1.1		29c. Li	CENSE NUI	MBER				onth, Day, Year)	
P	Model !	Kyce	NA	1/4/			OCM	3			10/5	/90	
1	Mario F. Golle.		- 1	1	0.00		11	1 Pen	n S	t.Balt	o, M	đ	ss
	Mario F. Golle, 31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		-						-,		
	OCT 09 1990	Leftin No	:1. 20										

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BALTIMORE, MARYLAND 21203-3146

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eath.	funeral	
after d	y the	
Sin	in the	
0.	filled in. of	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Page 6 may be	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH UARREN 90 10:51 10 PM Johnson James 7. DATE OF BIRTH (Month, Day, Year) A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign th, Day, You Country) 219-18-664 1 M 2 - F DAYS HOURS Se. FACILITY NAME (If not institution, give street and number Sc. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4 Key Medical Center Baltimore 10s. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY more 1 YES 2 NO mulm 10e. STREET AND NUMBE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE we, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE 2 Married 1 Never Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced oreAN 16a. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working ETED 15, DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) College (1-4 or 5+) Wolke COMPL 17. FATHER'S NAME (First, Middle, Last) 75 BE notified 19a, INFORMANT'S NAME (Type/Print) 2 2/2 Bel 2 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Rem PLACE OF DISPOSITION (Name of other place) must □ Donation 5 □ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ose 1222 medical 23. PART I, Enter the diseases, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betwee Onset and Death IMMEDIATE CAUSE (Final the disease or condition . Hypertensive arteriosclerotic cardiovascular disease & reaulting in death) event, YPURTO(OR/AS & CONSTRUCTORSO): Asthma traumatic XX CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any I Diabetes mellitus Renal Failure COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO 1 X YES 2 NO PHYSICIAN: S Per 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL State D HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1XXNetural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ** a Could not be ETED after 28 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. COMPL 2 = 2 XMEDICAL EXAMINER: On the basis of examiner investigation, in my opinion, death occurred at the time, data end piece, end due to the cause(s) and manner as stated. IMPORTANT: 296, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 0/5/90 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Assistant 111 Penn St. Balto., MD Golle, M.D. SS Mario F. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) who Davidson-Randoll 09 1990 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moins after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	2	filled i	he m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	precuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, t
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unit-transit permit, Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27380 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY JOHNSON. 90 RACHEL 1:00 PM 05 10 IF UNDER 1 YEAR IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign n, Day, Your 216-09-401 1 M 2 F YRS. Virginia 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH BALFIMORE DIRECTOR LIBERTY HEDICAL CENTER MESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10b. COUNTY my/mc more 1 YES 2 NO too. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 TO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Olvorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) mema 17. FATHER'S NAME (First, Middle, Last) BE 19h MAILING ADDRESS (Street and No 2 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION Burial 2 Cremation 3 R 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE USS 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate iterval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition SEPS1S PNUEMONIA with reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): TNFECTED DECUBITUS ULLERS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE-TO-(OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HEART DISEASE ARTERIOSCLEROFIC CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS - DEMENTIA COMPLETION OF CAUSE 1 TYES 2 ND OF DEATH? HX HYPOTHYROIDISM 1 - YES 2 NO MELLITHS DIABETES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 M Inpettent 2 □ ER/Outpetient 3 □ DOA OTHER: 1 TYES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 - Nursi 27. MANNER DF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

Thank only

1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10.5.90 23300 2 Liberty 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Medical PATEL SUDHIR. 2600 dil esta Rd BAL. MD. 21215 31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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DHMH-16 Rev 1/89

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIENE REG. NO.	90	27381	
	1. DECEDENT'S NAME (First, Middle, Leet) KATHRYN	- JOI	HNSON			2. DATE OF DEATH DAY	1990	ATIME OF DEATH 1 A M	
	4. SOCIAL SECURITY NUMBER 705-01-2228	1 DM 2 THE	MONTHS DAVE MOURE AND				7. DATE OF BIRTH (Month, Dey, Year) 7-28-12 8. BIRTHPLACE (State or Foreign Country) Teorgia		
5	90. FACILITY NAME (If not institution, give a 10,000 Brunswick	treet and number)	98		Spring		Montgom		
NINECTON I	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
1	Maryland M ntg	gomery	Silv	er Spr:	Ing ZIP CODE		10g. CITIZEN OF	1 YES 2 NO WHAT COUNTRY?	
	10,000 Brunswick	Avenue	NUS ARMED	13 WAS DEC	20910	IC ORIGIN? (Specify Yea	or No. 14 PAG	USA E — American Indian,	
	1 Never Married 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, spi		, Puerto Rican, etc.)	Blac	ck, white, etc.	
רבובה	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give lidnd of work life, Do NOT use of	done during mo- tired.)	N st of working	166. KIND OF BUS			
OM	12 17. FATHER'S NAME (First, Middle, Lest)	0	HOSTES	5	16 MOTHED'S NAS	#E (First, Middle, Malden S	AL HOME		
ا د		TROMAN			ALICE		STROMA	N	
מב	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural R	loute Number, City or Town	, State, Zip Code)		
-	Harry B. Miles,					Rd. Olney.			
	20a. METHOD OF DISPOSITION 1	oval from Stata	Metropo.	on (Name of cent litan C	rematory or rematory	Ale	exandria	and the same of	
	21. SIONATURE OF FUNERAL SERVICE LIC	CENSEE		I 22. NAME AN	ID ADDRESS OF FAC	BER FUNERA			
	Roy W.	Barles						ILLE,MD.2088	
N	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	S. DUE TO (OR AS A	ACONSEGUENCE OF):				ratory arrest,	Approximate Interval Between Onset and Deeth	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):						
MEDICAL	PART II. Other significant condition PART III. Other significant condition PART III. Other significant condition	ns contributing to death I ANRIFUTION	taliful for the southing in the south of the	tha undarfying	g cause given in	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Chi	ick only one)	1		
PHTSICIAN	1 VES 2 NO 27 MANNER OF DEATH Netural 5 Pending	1 Inpatient 2 ER/Out 26a. DATE DF INJURY (Month, Day, Year)		Nursing Hom OF 28c, INJ Y	UAY T	6 Other (Specify) 28d, DESCRIBE HOW II	NJURY OCCURED		
EU 61	Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre		YES 2 NO	281. LOCATION (Street a City or Town, State)		I Route Number,	
COMPLEIED	and only	SICIAN: To the best of my know ER: On the pale of examination						o(a) and manner as stated.	
מ	29b. SIGNAPURE AND TITLE OF CHAPTER	Leed.	us u	1)	290 LICENSE NUN	122S	29d. DATE SIGNI	ED (Month, Day Mar)	
2	30. NAME AND ADDRESS OF PERSON WITH	OCOMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P)	2012 L	ENES M	was a	1KAM	MS20906	
201	31. DATE FILED (Month, Day, Year) OCT 9 1990	Fulla Devidson-R	nature inde st						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Ars after death. Page 6 may be retained by the hospital or attending physician.	1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dect. of Health and Mental Mystere prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this co	IMPORTANT: If Item 28 is marked

31. DATE FILED (Month, Day, Year)

Punzalan

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Jaime

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE
Julia Landon Randoll

_	1 - FOR STATE REGISTRAR	STATE OF MA			T OF HEALTH		HYGIEN REG. NO.	_	0 2	7382					
	1. DECEDENT'S NAME (First, Middle, Last)		JOHNSO	041		MON	E OF DEATH		EAR	ME OF DEATH					
	HERBERT 4 SOCIAL SECURITY NUMBER		3. AGE (In yrs. last birt		R 1 YEAR IF UNDER 2	9 4 MBS 7 DATE	OF BIRTN	20 9		1.35 P M					
	231-12-3526	1 1 1 1 F	The state of	YRS. MONTHS	DAYS HOURS	Mon (Mon	th, Day, Year)		Country)						
OB	Pleasant Manor	net and number) Nusung		y, town or location	N OF DEATH		9c. COUNTY	OF DEATN							
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10	Dc. CITY, TOWN	OR LOCATION					INSIDE CITY LIMITS?					
	M]	Baltin						YES 2 NO					
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	SA	COUNTRY?					
N N	3902 Wabash Ave	12. WAS DECEDENT		21215											
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO) 13	13. WAS DECENDENT OF NISPANIC Of If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify:			or No- 14.	Black, White	nerican Indian, la, etc.					
0	15. DECEDENT'S EDUC (Specify only highest grade of		ENT'S USUAL	OCCUPATION during most of working	16	b. KIND OF BUS	SINESS/INDUS								
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.			Carp	enting							
OM	17. FATHER'S NAME (First, Middle, Last)		4	ip-pewi		ER'S NAME (First,									
TO BE C	ZACK	1	hoson)		udie	J	Ame	5						
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	MANDY HARMON 3713 Clarkelane, Batt. Md 21215														
	20a. METHOD OF DISPOSITION 1	val from Stata	other place)	DISPOSITION (A	lame of cemetery, creme	ntory or	20c. LO	CATION - CIN	or Town, S	I/A					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE VA 05-02730749 Md 085 22. NAME AND ADDRESS OF FACILITY Ciddens Girend Home, Painter Va 2342														
	23. PART I. Enter the diseases, or cahock, or heert fellure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one caus	caused the deeth e of each lina. NLUM DR AS A CONSEQUE	Do not ente						Approximate interval Between Onset and Death 3 days					
CERTIFICATION	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST														
	PART II. Other algorificant conditions				AUTOPSY RMED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\sum \) NO								
N: MEDICAL	Sul du Hircei	Tensin	mator				25. WAS CASE REFERRED TO WEDICAL 28. PLACE OF DEATN (Check only one)								
SIAN: MEDI		Tensir				EATN (Check only	pne)			18					
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		DOA 4 CLA			116								
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending		ER/Outpatient 3 NJURY 2		9.	aldence 6 🗆 Ott	116	NJURY OCCUP	RED						
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetiant 2 Inpe	ER/Outpatient 3 NJURY 2	Bb. TIME OF INJURY M	reing Home 6 Read 28c. INJURY AT WORK? 1 YES 2	28d. D	ner (Specify)	and Number or		Number,					
PHYSICIAN:	EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 Inpe	ER/Outpatient 3 □ NJURY , /sear) INJURY — At home, tc. (Specify)	Bb. TIME OF INJURY M farm, street, fa	irring Home 6 Rest 28c. INJURY AT WORK? 1 YES 2 Cotory, office	NO 28f. LC	ner (Specify) ESCRIBE NOW I DCATION (Street y or Town, State) ause(a) and ma	and Number or	Rural Route	5 100					

29c. LICENSE NUMBER 5214 Harford Rd., Baltimore, 21214 MD DHMH-16 Rev 1/89

AND KIZUO-0140	he hospital or attending physician	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use to buriel-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	once.
140, BALLIMORE, MARYLA	uted within	completely filled in by the funeral director, page 5 should be origin, cremation, or removal.	ic event, the medical examiner must be notified at
DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMONE, MANTLAND ALZUSSIA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once?
DIVISION	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea	IMPORTANT: If Item 28 is m

OCT 09 1990

	FOR STATE REGISTRAR		STATE OF MAI	RYLAND /	DEPAR	RTMEN	T OF H	EALTH AI	ND ME	NTAL HYGIEI	NE 90	2	7383
	1. DECEDENT'S NAME (First	, Middle, Last)								DATE OF DEATH	DAY ALL Y	EAR 3.	TIME OF DEATN
1	JAMES T. JERVEY, JR.							10- 4	,1990		0843 AM		
	4. SOCIAL SECURITY NUME		7.00	AGE (In yrs. la		MONTHS	DAYS	HOURS N		DATE OF BIRTH (Month, Day, Year)		Country)	MCE (State or Foreign
	251-22-31		fXXM 2 □ F	67	YRS.					10-10-1			S.C.
œ			HOSPITAL				ALTI	R LOCATION	OF DEATH		9c. COUNTY	OF DEAT	н
05	RESIDENCE OF DEC	CEDENT											
DIRECTOR	10e. STATE	10b. COUNTY	,				OR LOCAT						d. INSIDE CITY LIMITS?
	MD .				BA	7 L.T. T	_	ZIP CODE	Υ		1		YES 2 NO
FUNERAL	818 BELLE		ROAD				107.		210			U.S.	T COUNTRY?
N.	11. MARITAL STATUS	TORL	12. WAS DECEDENT F	/ER IN U.S. AF	RMED	13.	WAS DECI	ENDENT OF H	IISPANIC (ORIGIN? (Specify Y		RACE -	American Indian.
1 21	1 Never Merried 2		FORCES?	YES 2 L	NO		If yes, she	city, Cuban, I	Mexicen, P	uerto Ricen, atc.)		Black, W Specify:	Thile, atc.
ВУ	3 Widowed 4 Divo					I							WHITE
H	(Specify onl	EDENT'S EDU y highest grade	completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done	during mos	N at of working		16b. KIND OF B	JSINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5+)			,		NAN I	AGEI	(BE	TH;)	STEE	EL CO.
O	17. FATHER'S NAME (First, M	fiddle, Last)								(First, Middle, Meide			
ш	JAMES	T. JE	RVEY SR.					MAR	Y TI	ROTT			
10 B	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number or	Rural Route	e Number, City or To	wn, State, Zip Co	ode)	
F	MARION				818	BEL	LEMO	DRE R	OAD	BALTIM	ORE, M	D. 2	21210
	20e. METHOD OF DISPOSIT 1 Buriel 2 Cremetic		oval from State	20b. PLACE other p	(aca)			netery, cremeto			OCATION — CH		
	4 Donation 6 Other 21, SIGNATURE OF FUNERA		CENSEE		Si			LIPS ID ADDRESS			ARLES	TON	s.c.
	▶ R. ×.					"	HENI	RY W.	JEI	KINS A	ND SO	NS C	co.
1													0.21212
	23. PART I. Enter the d shock, or h		complications that co List only one cause			not ente	r the mo	de of dylng	, such s	s cerdiec or res	piratory srres	ıt.	Approximate Interval Between
	IMMEDIATE CAUSE (Findiseese or condition	nel		1		(Onset and Death
	resulting in death)	-	B. DUE TO (OF	AS A CONS	QUENCE C	9 F):	_						
z			b.										
CERTIFICATION	Sequentielly list condit if any, leading to imme	diete	DUE TO (OF	AS A CONSE	OUENCE C	P):							
2	cause. Enter UNDERLY CAUSE (Diseese or Inju		C. DUE TO (OF	AS A CONSE	OHENCE C	NE).							-
E	that initiated events resulting in death) LAS	т	DUE TO (OF	AS A CONSE	OUENCE	rj:							į
핑			d										+
A.	PART II. Other significa	ent condition	ne contributing to de		reculting	In the u	nderlying	g ceuee giv	en In Pai	rt I. 24a. WAS A	N AUTOPSY ORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC		HF	HITA							_ 1 □ YES	2 3-110		OMPLETION OF CAUSE F DEATH?
N N							_			-		11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL					26 PI	ACE OF DEA	TN /Check	only one)	_		
SICI	EXAMINER?		HOSPITAL:	R/Outpatient	3 DOA	OTHE	R:			Other (Specify)			
Ή	27. MANNER OF DEATN		28a. DATE OF IN.	JURY	26b. TII		28c. INJ	URY AT		d. DESCRIBE HOW	INJURY OCCU	REO	
ВУР	1 Accident	Pending Investigation	(Month, Day,	reary		M		RK? YES 2 24	16				
9 8	a D distalds	Could not be determined	28e. PLACE OF II building, etc	NJURY — At h . (Specify)	ome, farm,	atreet, fa-	ctory, offic	•	26	H. LOCATION (Stree City or Town, Sta	t and Number or	Rural Rout	te Number,
E.													
COMPLETED	anal .		ICIAN: To the best of my										
8	2 MEL		ER: On the besis of exam	mutton and/or	investigat	ion, in my	opinion, d			_			,
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R	11	1200	1.		29c. LICENS		R	29d, DATE	SIGNED OF	fonth, day, Year)
2	30. NAME AND ADDRESS O	OF PERSON WI	O COMPLETEO CAUSE	OF DEATH IT	EM 37) (7m	e. Print)	1	N/A				7/	110
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DIVISION OF VITAL RECORDS, P.O. BOX 13	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cert can	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending the country	d seed	supportant if team 28 is marked or item 23 shows any injury, or other traumation
P.0	eath ca	attendi	Tal I	T or
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REC	w requi	been s	R. of H	show
ME	The lav	te has	ate Dep	em 23
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OF	PHYS	this c	with a	rrked
ON	NDING	3: After	r death	ie ma
VIS	ATTE	RECTOR	irs afte	m 28
	TAL OF	AL DIF	72 hou	If He
	HOSPI	FUNER	within	TAMT
	J. C	JTHE	bell a	APOR
	F	F	ă	-

>	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (REG. NO.	90-27384					
	1. DECEDENT'S NAME (First, Middle,	a, C. Jackso	20		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH PM					
	2000	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. SEX 6. AGE (In yrs. lest birthdey) 6. YRS. 6. AGE (In yrs. lest birthdey) 6. AGE (In yrs. lest birthdey) 6. AGE (In yrs. lest birthdey) 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTTH (Month, Dey, Year) 7. DATE OF BIRTTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. COUNTY OF DEATH									
TOR	FRANCIS SCOTT Key HOSP. BALTO. CITY BALTO. CITY RESIDENCE OF DECEDENT										
DIRECTOR	MD B	BALTIMORE	10c. CITY, TOWN OR	ALK. M	D.	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL		3452 DUNRAN RD. 101. ZIP CODE 109. CITIZEN O									
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 MO If yes, specify Cuber, Mexicen, Puerto Rican, atc.) Black, Whit 1 YES 2 NO Specify: Specify:									
COMPLETED	15. DECEDENT (Specify only highes Elamentary/Secondary (0-12)	t grade completed) (G.	CEDENT'S USUAL OCC five kind of work done du Do NOT use retired.)	ing most of working	16b. KIND OF BUSINESS	S/INDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, LI JOSIAH				AE (First, Middle, Melden Surne) EN WAD						
10	190. INFORMANT'S NAME (Type/Prin	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELMER W. JACKSON 3452 DUNRAN RD.									
	20e. MSTROD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or PARKWOOD CEMETARY BALTO. MD.										
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Correlly Fureral Home of Durdall										
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of deeth, such as cardiac or reepiratory arreat, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
E E	that initieled events resulting in death) LAST d.										
: MEDICAL C	PART II. Other significant co	nditione contributing to deeth but not	resulting in the und	erlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 A	AMAILABLE PRIOR TO					
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	ICAL HOSPITAL:	OTHER	26. PLACE OF DEATH (Chi	eck only one)						
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Stopatient 2 ER/Outpatient : 28e. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursi	ng Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED					
D BY	Naturat 5 Pendir 2 Accident Investi 3 Suicide 8 Could 4 Homicide determ	getion 28e. PLACE OF INJURY — At h- building, atc. (Specify)	ome, farm, street, facto	1 YES 2 NO	281, LOCATION (Street end N City or Town, State)	umber or Rural Route Number,					
7	290. CERTIFIER (Check only	Q PHYSICIAN: To the best of my knowledge, d									
IMPORTANT: If Item TO BE COMPLE	29b. SIGNATURE AND TITLE OF C	Ald MD		29c. LICENSE NUR	MBER 294	OATE SIGNED (MONIN, Day, Mar)					
-	30. NAME AND ADDRESS OF NER	SON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print) PC()	+ of med	icine, F	SKAC					
	"1446 49-1990	Juna Davidson-Rande	2								

Hibert I.e.

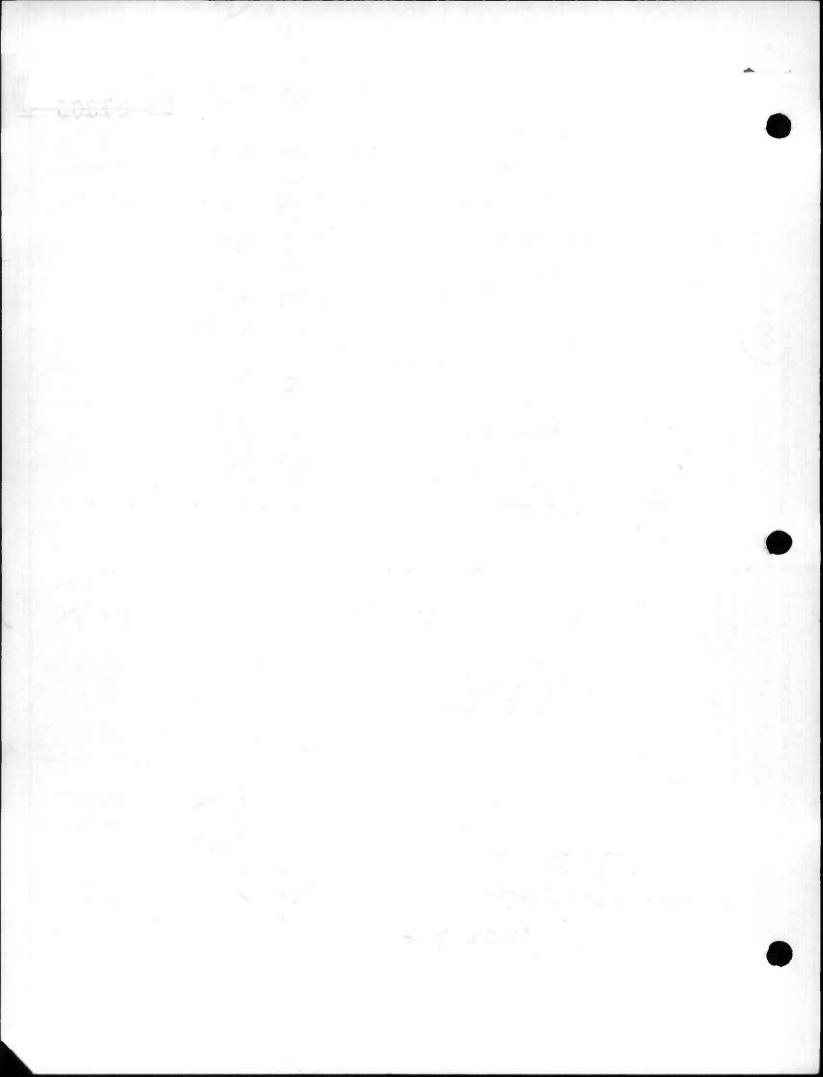
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL HYGIEN REG. NO.	90	27385
1. DECEDENT'S NAME (First, Middle, Las KENNETH	JONES				2. DATE OF DEATH DA	y ye	3. TIME OF DEATH 10;45 A. M
4. SOCIAL SECURITY NUMBER 218-14-6412 9a. FACILITY NAME (II not institution, give	1 🕅 M 2 🗆 F 7		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DI			WITTHPLACE (State or Foreign Country) VIRGINIA
Cherrywood Mand	or Nursing Ho	me		sterstow			Balto.
MARYLAND 106. COUN	тү	toc. CITY,	BALT:	ION EMORE			1 M YES 2 NO
4205 FALLS 1	ROAD		101	2121	1	tog. CITIZEN	OF WHAT COUNTRY? USA
tt. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yes on, Puarto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	OUCATION de compléted) Collège (1-4 or 5+)	life. Do NOT use	ork done durina ma	st of working	t6b. KIND OF BUS A AME (First, Middle, Meiden	PARTMEN	
OTIS R. JOI	NES	top Man mo	ADDRESS (State)	В	ESSIE ORCU'	rt	(4)
ROBERT JONES 20a. METHOD OF DISPOSITION	20	2906	ECHODAL	E AVENUE	, BALTIMOR		YLAND 21214
1 Pairtel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	WOODLAWN	A. A.	LAN SEIT		ERAL HO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. OCUME DUE TO (OR AS	esch iina.	teal u	njacha		ratory srrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Antones	A CONSEQUENCE OF	CONDICI	xxelei	cliner		15 yps
Change Chath	tue Rulmen			g cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DE CAUSE OF DEATH? t YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	ACE OF DEATH (C)	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigatio 3 Suicide 8 Could not to 4 Homicide	28a PLACE OF INJUS	28b. TIME INJU	OF 28c. INJ	URY AT PRICE 2 NO	28d. DESCRIBE HOW I	and Number or F	
anal	YSICIAN: To the best of my kno NER: On the basis of examinati						suse(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	manko	EATH (ITEM 27) (Type	Print)	29c. LICENSE NU D 250			GNED (Month, Day, Year)
Gary Manko, M.I). 11 E. Ch	estnut Hi		Reister	stown, Md.	21136	5
OCT 9 1990 g	the Devidson Alan	WIE .					

FOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		REG. N	20-2	7386	
		LIA KNICELY				2. DATE OF DEATH MONTH 10/3/199		3:00 PM	
	4. SOCIAL SECURITY NUMBER 219-32-1485 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	(In yrs. last birthday) 71 YRS.	F UNDER 1 YEAR MONTHS DAYS	- · · · · · · · · · · · · · · · · · · ·	7. DATE OF BIRTH (Month, Day, Year) 7/22/191	9 a. B	Maryland DE DEATH	
HOLD	436 Seward Ave	enue, 21225		Baltin	more (Bro	oklyn Pk.)	-1	Arundel	
DINE.		e ARundel		timore	(Brookly	n Park)		10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL DIRECTOR	436 Seward				21225		l	JSA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OV	2)(XNO	If yes, o	ECENOENT OF HISPAN specify Cuben, Mexica ES 2XXNO Specify		30.00	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12) 10th					Housewife			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph	Joseph Bruchey Fanny					AME (First, Middle, Maldon Surname) Breed Bruchey		
10	Mr. Winton S. Ki		101 F	Fourth /		altimore,		nd 21225	
	4 Donation 6 Other (Specify)	18 Burlel 2 Cremation 3 Removal from State							
	23. PART I. Enter the diseases, o	1/		McCi 237	East Pat	apsco AVe.	. Balto	o., Md. 21225	
CERTIFICATION		e. Due to (on as	A CONSEQUENCE OF	ellos				Approximate Interval Between Onset and Deeth UPCLU	
PHYSICIAN: MEDICAL CE	PART II. Other significent conditi	iona contributing to death b	out not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	netlant 3 🗆 DOA	OTHER:	PLACE OF DEATH (Cr				
	27. MANNER OF DEATH 1. Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	ME OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	INJURY OCCUR	ED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm,	street, factory, of	fice	28f. LOCATION (Street City or Town, State)		lural Route Number,	
COMPLETED	contain only	(YSICIAN: To the best of my know MINER: On the basis of exemination						ruse(e) and manner as stated.	
TO BE C	296. SIGNAPONE AND TITLE OF CERTIF	Son /			DV3	MBER	29d. DATE SH	OUTS	
		. Gehlert, Jr.	. 4710 F	Penning	ton Ave.,	Baltimore	, Md.	21226	
	31. DATE FILES (NOTE: 0 9 199	O Julia Davidson	in- Handre						



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BALLIMOHE, MARY	deat	fun i	еха
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Ŏ	Tes t	igner	50
III	edui	en s	how
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I be shown a fine with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
4	The	te ha	E
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physician. burial-transit permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME			MENTAL	HYGIENE 9	0	27387
	1. DECEDENT'S NAME (First, Middle, Last) 6. A. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III)	MbRt yrs. leet birthdey) # UN	LL IDER 1 YEAR	IF UNDER 24 MRS.	2. DATE O	4 9	PO o	TIME OF DEATH 2:20 Q M CE (State or Foreign
	574-07-3319 Da. FACILITY NAME (If not institution, give st	1 M 2 D F 8/	YRS. MONT	B DAYS	HOURS MIN.	(Month,	Day, Year)	II1	inois
DIRECTOR	HESIDENCE OF DECEDENT 108. STATE 108. COLUMN	pital Con.	10c, CITY, TOV		on on	Cil	Y / -	100	I. INSIDE CITY
	100. STREET AND NUMBER		/ha	free 101.	O R E	Cir	10g. CITIZEN	-	YES 2 NO
FUNERAL	50 / E. +0 11. MARITAL STATUS 1 □ Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 , yes			2/23 ENDENT OF HISPAN Helfy Cuban, Maxical			RACE - Black, W	American Indian, hita, stc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WANTOR DATE	ES [1 TYES	N -		KIND OF BUSINESS/INDUS		White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 10th.Grade	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retin	id.)	it of working		Self-Emp	1oye	ed
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		liddle, Malden Sumame)		
BE	19a, INFORMANT'S NAME (Type/Print)	oshua W.			Sar		Caroling Caroling Cop. City or Town, State, Zip Co)
임	Mrs Ruth M.K	imbrell					.Md.21230	307	
	20s. METHOD OF DISPOSITION 1. Surfal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITION other place)	(Name of cen	netery, cremetory or		20c. LOCATION — CN		
	21. SIGNATURE OF FUNERAL SERVICE LIC	J. Hank		22. NAME AN	D ADDRESS OF FA	В	alto.Md.2 1 Home.13		
	IMMEDIATE CAUSE (Final disease or condition	complications that caused the List only one cause on each		nter the mo	de of dylng, suc	h as card	lac or raspiratory arrest	l,	Approximate Interval Between Onset and Death
_	resulting in deeth)	DUE TO (OR AS A C	CONSEQUENCE OF):	_>					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	Dialet	les					
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	UNSEQUENCE OF):						
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but	t not resulting in the	underlying	g ceuse given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
ž		•							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Ch	eck only on	•)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat	28b. TIME OF	Nursing Hom 28c. INJ	e 5 🗆 Residence		(Specify) CRIBE HOW INJURY OCCUI	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Morith, Day, Year)	INJURY		RK? /ES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	— At home, farm, street y)	, factory, offic		281. LOCA	ATION (Street and Number or or Town, State)	Rural Rout	e Number,
COMPLETED	(Orlock Orly)	ICIAN: To the best of my knowle							nd menner as stated.
BE	294. SIGNATURE AND THE OF CERTIFIE	LIVERA	House 6	Horas	29c. LICENSE NU	MBER Or /	29d. DATE S	IGNED (M	onth, Day, Year) 4-90
2	NAME AND ADDRESS OF PERSON WITH	MINOTA	TH (ITEM 27) (Type, Pring	anh	er /h	15%	leto		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						

DHMH-16 Rev 1/89

- 10 to 10 mg

90 YEAR

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

NEW JERSEY

1:37 A "

2. DATE OF DEATH

7. DATE OF BIRTH

12/17/16

08

MONTH

PERCY

4. SOCIAL SECURITY NUMBER

072-10-1123

KNIGHT

JR.

6. AGE (In yrs. last birthday)

YRS.

73

5. SEX

1X M 2 | F

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

the hospital or be detached for ours after death. Page 6 may be retained by page 5 should director, funeral filled in by the fullon, or removal. cremation, or completely requires that the death certificate be executed within Hygiene prior to burial, and attending physician een signed by the atte of Health and Mental peed has be Dept. (The law certificate HOSPITAL OR ATTENDING PHYSICIAN:

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

DIVISION OF VITAL RECORDS, P.O.

Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE DIRECTO RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 1 TES XX NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6223 FREDERICK ROAD 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ric 1 Never Married 2 Marrie IF YES, GIVE WAR DR DATES 1 YES XX NO Specify: ED BY 3 Widowed 4 X Divorced Specify: WHITE WWII 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ille. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY E College (1-4 or 5+) COMPL 12th SALESMAN HORTICULTURAL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) T PERCY KNIGHT SR. MARGARET RATCLIFF BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JAMES P. KNIGHT 734 BETHNEL ROAD BALTIMORE, MD 21229 2 20a. METHOD OF DISPOSITION
1/A Burlal 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must CRESTLAWN 4 Donation 5 Other (Specify) CEMETERY MARRIOTTSVILLE, MD the medical examiner 21. SIGNATURE OF FUNERAL-BERVICE LICENSEE LEROY M C RUSSELL C WITZKE FUNERAL HOME uselle 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, Approximate shock, or heart fallure. List only one ceuse on each lin Interval Between Onset and Death IMMEDIATE CAUSE (Finei disease or condition resulting in death) 10 19 600 traumatic event, UE TO (OR AS A CO were CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUE NCE OF If any, leading to immediate cause. Enter UNDERLYING pro CAUSE (Disease or Injury other (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 50 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) the State Hem HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | KDOA EXAMINER? OTHER: 1 YES 2 100 4 🗆 Ns ne 5 🗆 Residence 5 🗆 Other (Specify) 6 27, MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED with t marked, 28b. TIME OF INJURY 1 Natural 2 Accident 5 Pending 1 YES 2 ND L DIRECTOR: After the hours after death h BY 25t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 ls 3 Sulcide 6 Could not be COMPLETED 4 Homicide Heal 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated, FUNERAL I 2 WEDICAL EXAM oth occured at the time, date and place, and due to the cause(s) and m MPORTANT: 29c. LICENSE NUMBER 29d, DATE SIGNED 포포 BE and cois 29 90 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 4 BUERNE SIL 31. DATE FILED (Month, Day, Year)

OCT 9 1990 Devidon-Hono

. =	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			ENTAL	HYGIENE REG. NO.	90	27389
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH DAY	YEAR 3.	TIME OF DEATH
	GEORGE M	KNEFELY				10	04 1990		9:14 A M
	4. SOCIAL SECURITY NUMBER		MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	Country)	ACE (State or Foreign
	212-05-60+6 9e. FACILITY NAME (If not institution, give a	1 X M 2 □ F 8		AUTH TANK		06		BALTI	MORE, MD
TOR	G.B.M.C6701 N.				RE, MD 21				COUNTY
EC	10e. STATE 10b. COUNTY	r	10c. CITY, TO	WN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?
E I	MARYLAND BALT	IMORE COUNTY	BALTIN	IORE				1	YES 2/ NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
EH	616 DUNKIRK ROAD				21212			US	
BY FUNERAL DIRECTOR	FORCES? 1 YES 2 NO If you			if yes, sp	DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— s, specify Cuben, Mexicen, Puerto Rican, etc.) YES 2 X NO Specify: 14. RACE — American Indian, Black, White, stc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	ON est of working	16b. (KINO OF BUSINESS/INOL	ISTRY	
E.	Elementery/Secondery (0-12) 12 YeARS	College (1-4 or 5+)	ilfe. Do NOT use ret	fred.)	at of working				- 1
MP			Draftsm	an			B.G. &	E	
	17. FATHER'S NAME (First, Middle, Last) George Knefely					-	iddle, Maiden Surnema)	h -	_
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street a			zabeth McL		[]
5	George M. Knefel	y, Jr. M.D.			Rd. Bal			1212	
	20e. METHOD OF DISPOSITION	20b.	DI ACE DE DISPOSITIO	M /Nems of our	natani commetoni or		20c. LOCATION — C		State
	1 Nauriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	Woodlawn	Cemete	ry		Woodlaw	n, Md	
	21. SIGNATURE OF TUNERAL SERVICE LI	ENSEE	Q,	22. NAME AI	O ADDRESS OF FACE	uty edef	eld Home,	Inc	
	James F. B	Burnside, Jr.	01	65	00 York R	ld.	Baltimore,	Md.	21212
	23. PART I. Enter the diseasee, or ahock, or heart failure. IMMEDIATE CAUSE (Final		the death. Do not each line.						Approximate interval Between Onset and Death
	disease or condition								20 min
_	OUE-TO (OR AS A CONSEQUENCE OF):						9		
NO.	Sequentielly list conditione, if any, leading to immediate								
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in deetin) EXST	d							
AL C	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in ti	ne underlyin	g ceuse given in F	Part I.	24a. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS
						_	1 TYES 2 NO	C	OMPLETION OF CAUSE F DEATH?
MEDIC						_			YES 2 NO
ž									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28, P	LACE OF DEATH (Chee	ak only one)		
YSI	1 TYES 2 X NO	1X Inpetient 2 - ER/Outp	atient 3 DOA 4	Nursing Hon	ne 5 🗆 Residence (
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	W	DRK?	28d. DES	CRIBE HOW INJURY OCC	UREO	
BY	2 Accident Investigation	28e. PLACE OF INJURY	- At home, term, stree		YES 2 NO	28t. LOCA	ATION (Street and Number	or Rural Rou	te Number.
E	4 Homicide 6 Could not be	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
E	29e. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of my know	ladge death occurred a	t the time date	and place, and due t	to the cau	se(e) and manner as state	ud	
COMPLET	(Oraca oray	ER: On the beels of examination	_						nd menner as stated.
	200. SIGNATURE AND TITLE OF CERTIFIE	n / h .	-//		29c. LICENSE NUM	BER	29d. DATE	SIGNEDIN	foreth, Day Marri
BE	1/hr	Me	he	_3	1010	10	35 1 /	0/	1/70
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type Pri	(10)	-//	110	1 0	1	0 5 5
	31. DATE FILED (Month, Day, Mgar)	Jeckes 32. MEGISTRAR'S SIGN	SCO 17	(),	7401	0)	er W	.14	Sanzira
	net 49 1000	F 4 M	1- Broke 1	Ψ,					

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	MARGARET BRIDGET GAUG	October &	, 1990	3. TIME OF DEATH 7:05 P M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ye		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)	
	315-36-3501 1□M2 次F 78	YRS.	THS DAYS	HOURS MIN.	Aug. 24,		Indiana	
TOR	9a. FACILITY NAME (If not institution, give street and number) 7918 Shcrwood Ave. RESIDENCE OF DECEMENT	9b	CITY, TOWN O	r location of dea ton	TN	Ba. COUNTY	of DEATH Ltimore	
E C	10e. STATE 10b. COUNTY	10c. CITY, 10	OWN OR LOCATI	ON	-		10d. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR	Maryland Baltimore		Ruxton 1 X YES 2 NO 101, ZIP CODE 109, CITIZEN OF WNAT COUNTRY?					
ERA	7918 Sherwood Ave.		21204				USA	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	NO NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or if yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			e or No— 14.	No— 14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 8 +)		CEDENT'S USUAL OCCUPATION Ithe kind of work done during most of working Do NOT use retired.)			FRY		
MPI	5+	Social	Worker				ublic Schools	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Thomas Joseph Gaughan 196. INFORMANT'S NAME (Rope/Print)			Elizab	eth Harri	son		
2	Theodore E. Klitzke	The second secon			oute Number, City or Tov Balitmore,		1204	
	1 ☐ Burlel 2 X Cremetion 3 ☐ Removal from State	ACE OF DISPOSITION				OCATION — City		
	4 Donation 8 Donat (Specify) Green Mount Crematory Baltimore, MD 21. SIGNATURE OF FUNDIAL SERVICE LICENSE.							
	· he General Collect				NBURG FUN d. Balti			
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF):		. /		iratory street	, Approximate Interval Between Onset and Death	
MEDICAL CE	PART II. Other significent conditions contributing to death but	not resulting in t	he underlying	g ceuse given in F	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26 DI	ACE OF DEATH (Che	ck anti-anel			
SICI	EXAMINER? 1 YES 2 00 1 Inpatient 2 ER/Outpatie		THER:	5 - Healdence				
BY PHYSICIAN	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME O	F 28c. INJ		28d. DESCRIBE NOW	INJURY OCCUR	ED	
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination en						ouse(e) and manner oe stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER WHILE STOLE MO			D310 9	0	> 10	IGNED (Month, Day, Year)	
5	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH	(ITEM 27) (Type, Pri	1818 1	8+5prin	9 Rd #1	16 Lut	herville, MD 21093	
	31. DATE FILED (Month, Day, Year) OCT 09 1990 Julia Davidson	Pandelle.		/	J	1		

	1. DECEDENT'S NAME (First, Middle, Loot) KEARNEY BARBARA	A	2. DATE OF DEATH DAY	SYEAR 3. TIME OF DEATH.			
-	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign			
	7 40 (145) 1 1 M 2 VF 7 YRS.		04 29 48	BAILS, Md			
Œ	9a, FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DE	e the	DUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	101111	Cirg	10d. INSIDE CITY			
SIRE	10a. STATE 10b. COUNTY 10c. CITY	TOWN OR LOCATION		LIMITS?			
	10e. STREET AND NUMBER	10f. ZIP CODE	10g. C	STIZEN OF WHAT COUNTRY?			
FUNERAL	2216 EULAW PLACE	2/2/	7	4,5,4,			
	11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 YES 2 AND Specif		- 14. RACE — American Indian, Black, White, atc.			
) BY	3 Wildowed 4 Divorced			BIACK			
ÈTE		SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINESS/	INDUSTRY			
COMPLETED	terminary (3-12)	emakek					
	17. FATHER'S NAME (First, Middle, Lest)	16. MOTHER'S NA	ME (First, Middle, Malden Surname	hingson			
) BE	190. INFORMANT'S MAME (Typo/Print) 19b. MAILING	ADDRESS (Street and Nymber or Rural	Route Number, City or Town, State,				
2	Mrs. Rethn Scott 2703	Bery/Ave.	BAllimon	e md, 21205			
	20a. MESHOD OF DISPOSITION 1 Preference of Disposition Part Comment 20b. PLACE OF DISPOSITION 20b. PLACE OF	TION (Name of cornetery, cremetory or	20c. LOCATION	- City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CUSS FUN	eral Home			
	Hoseph J. Kuss	2222 WIN	orth Ave. E	BA115, md. 21216			
	23. PART I. Enter the diseases, or complications that caused the death. Do n shock, or heart failure. List only one cause on each line.	ot enter the mode of dying, aud	ch as cerdiac or respiratory	arreat, Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition			Onset and Death			
	resulting in death) a DUE TO (OR AS A CONSEQUENCE OF						
NO	Sequentially list conditions, b. STEVENS JOHNSON SYNDRONE DUE TO (OR AS A CONSEQUENCE OF):						
ATI	If any, leading to immediate cause. Enter UNDERLYING	j.					
TIFIC	CAUSE (Disease or Injury that Initiated events put that Initiated events resulting in death) LAST):					
CERTIFICATION	d						
	PART II. Other algorificant conditions contributing to death but not resulting i	n the underlying cause given in	PERFORMED?	AMILABLE PRIOR TO			
MEDICAL			YES 27 NO	OF DEATH?			
_			- Call	554			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C					
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIM	4 Nursing Home 5 Residence OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY	OCCURED			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJ 2 Accident Investigation	M 1 YES 2 NO					
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	treet, factory, office	26f. LOCATION (Street and Nur. City or Town, State)	mber or Rural Route Number,			
PLET	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre	d at the time, data and place, and du	a to the cause(s) and menner as	stated.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation						
B	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	JMBER 29d.	DATE SIGNED (Morgh, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)					
	31 DATE (INTO COLOR) VILLE WAS A STATE OF THE STATE OF TH	resp					
	31. DATE INTO (Nonth, Dy. 1499)						
	9-	¥1					

burial-transit permit. Pages 1, 2, 3 should

gding physician.

leath	fune	
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mays after death	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	moval
Minurs	led in	, or re
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within	npletel	crema
rted	8	rial,
Dec	and	2
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	FOR STATE REGISTRAR	STATE OF MARYLAND /		RTMENT OF		REG. NO	E		
į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	TIME OF DEATH
		Kircher, Sr.				10 -	6 -	90	(3 45 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In.	• • • • • • • • • • • • • • • • • • • •	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign
	214-01-4763	7	YRS.			3-18-13		Mary	
~	9s. FACILITY NAME (If not Institution, give st				OR LOCATION OF DE			TY OF DEATH	
0	St. Agnes Hosp	ital		Balt	imore Cit	У	В	altimo	re City
EC	10s. STATE 10b. COUNTY	1	10c. Cl	TY, TOWN OR LOC	ATION			10d	. INSIDE CITY
DIRECTOR	Maryland Balti	imore		Randa11	stown			1 [LIMITS?
-	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZ	ZEN OF WHAT	COUNTRY?
BY FUNERAL	9210 Bengal Road	i			2113	33		U.S	S.A.
3	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A		13. WAS D	CENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No-	14. RACE — / Black, Wh	American Indian,
F	1 Never Merried 2 Married	FORCES? 1 X YES 2 I	NO		specify Cuben, Maxical S 2 XNO Specify			Specify:	ms, atc.
	3 Widowed 4 Divorced	WW II							nite
PETER	15. DECEDENT'S EDU- (Specify only highest grade	completed) (0	Give kind of	S USUAL OCCUPATION Work done during it	rion nost of working	16b. KIND OF BU	SINESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.)					
₩.		4 Years	C	hemist		Chemist:		Glass	Company
сомы	17. FATHER'S NAME (First, Middle, Last)	1							
H	John A. Ki	ircher	AL 44411 114	O ADDDESO (Chi		Anna T. Ke		Codel	
2	Mrs. Lillian Kir								
	204, METHOD OF DISPOSITION				emetery, crematory or	andallstown		City or Town,	
	1 X Burial 2 Cremation 3 Rem	lovel from State other p	place)	nedral C				re Cit	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Gati	22. NAME	AND ADDRESS OF FA	CILITY			
	1+1	MION				Funeral D			
	Stephen	III. Langa	<u> </u>			Road Ran			
	23. PART i. Entar the diseases, or a shock, or haert failure.	complications that caused the d List only one cause on each lin		not anter the r	node of dying, suc	h as cerdiec or resp	iratory arr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel								Onset and Death
	diseesa or condition resulting in death)	. Terminal	Sm	all cell	Undiff	carcino	ma,		
	DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	Sequentially list conditions,	bDUE TO (OR AS A CONSI	EOUENCE	OF):					
¥.	if sny, leading to immediate cause. Enter UNDERLYING								
필	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE	OF):					
1	resulting in death) LAST	d							
2	PART II. Other significant condition	ne contributing to death but not	n eultin	a In the underly	ing cause given in	Part i. 24s. WAS AF	ALITOPRY	246 WE	RE AUTOPSY FINDINGS
동	PART II. Other significant condition	is contributing to death but not	resulting	y in the uncarry	ing couse given in	PERFO		AM	AILABLE PRIOR TO MPLETION DF CAUSE
MEDICA						1 TYES	2 NO	OF	DEATH?
						— i		1 [YES 2 NO
ä					DI AGE OF DEATH ON				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
ΙΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	-		ome 5 Residence	6 Other (Specify) 26d. DESCRIBE HOW	IN ILLEY OC	CHRED	
1	1 Natural 5 Pending	(Month, Day, Year)	200.	NJURY	WORK?	200. DESCRIBE NOW		CONED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At I	home, ferm			281. LOCATION (Street	and Number	or or Rural Rout	e Number,
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, stc. (Specify)	·			City or Town, State			•
国	29s. CERTIFIER	BICIAN: To the best of my knowledge,	death once	und at the time of	ete and place, and due	to the course(s) and me	mner ee ele	rlad	
MP	Check only	ER: On the basis of exemination and/o							id manner se stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIE	R		-	29c, LICENSE NU	MRFR	29d DAT	TE SIGNED (M	onth Day Year)
BE	William	Say				38528	•	1016	1
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (IT	TEM 27) (TV	pe, Print)			1	1	110
	3+ Agues		100	catou	Ane	Balt	MD	2122	9
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE							. 1
	OCT 09 1990		jandel						
h			-						

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i	deat	e fu	200
	after	th the	100
	SUL	In the	- Park
	1	filled on. o	1
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	HERBOTTER IS form 40 to mended on them 95 shound and infines as other featured a mend the smadled averagines as
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	5	22	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO		27393
	1. DECEDENT'S NAME (First, Middle, I	A. Krupnik				2. DATE OF DEATH	ö g	ear 0845 M
	4. SOCIAL SECURITY NUMBER 212-26-4983	1 🗆 M 2 💢 F	18 YAS. "	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	BIRTHPLACE (State or Foreign Country) Pennsylvania
TOR	90. FACILITY NAME (If not institution, University of	MD Shock Trau		Baltim	O CO	EATH	Balt	of DEATH
DIRECTOR	10s. STATE 10b. CO				or Location Columbia			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4913 Canvas	back Court	101.	ZIP CODE 21045		10g. CITIZEN	U.S.A.	
BY FUN	1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			
COMPLETED BY	ts. DECEDENT'S (Specify only highest (Specify only highest Elementary/Secondary (9-12)			sual occupation of the done during most retired.) memaker	N at of working	16b, KIND OF BU	SINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, I Joseph Witkowski Josephi					ephine		Kowski
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Stephen Kr	upnik, Jr.	545 D	onaldso	n Avenue	Route Number, City or Tow Severn,		de) . 144
	20a. METHOD OF DISPOSITION 1 M Burdial 2 Coremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF DISPOSITION (Name of commeter); crematory or other place) Holy Family R.C. Ch. Cemetery Randallstown, MD 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.							
	Deghe	ELICENSEE Jev	Ru					rs, Inc. m, MD 21133
CERTIFICATION	shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. TNTNACE) DUE TO (OR AS A C.	A CONSEQUENCE OF:	on DE		· ·		Interval Between Onset and Death FHOURS SHOURS
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):			- 6		
PHYSICIAN: MEDICAL C	PART II. Other algnificant cond	ditiona contributing to death b UEBROVAS LULA			j cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	AL HOSPITAL: 10 Inputiont 2 ER/Outs		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH Natural 6 Pending 2 Accident		265. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUI	RED
TE	3 Suicide 6 Could no 4 Homicide determin	ot the / busiding, wir. (Spec	— At home, farm, str city)	rest, factory, office		261. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,
BE COMPLETED	296. CERTIFIER (Check only one) 2 MEDICAL EX	1 10				to the cause(s) and ma		cause(s) and manner as stated.
H	296. SIGNATURE AND TITLE OF CER	TIFIER	M.D., +	24.D.	29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)
2	THOMAS	CANAL CANAL						
	31. DATE FILED (Month, Day, Year) OCT 09 19	MICKOLAS S 32 REGISTRAR'S SIGN Juha Davidson	A-Randell					

DHMH-16 Rev 1/89

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	KROU	ISE		M. H	2. DATE OF DEATH	29	3. TIME OF DEA	TH A M
	0 10 10 1000	M 2 X F	86 YAS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, May, Year)	03	RUSSI	oreign 4
HOL	98. FACILITY NAME (If not institution, give street as HEBREW HO RESIDENCE OF DECEDENT	ME		ROCK	VILLE	ATH		TGOMER	RY
BY FUNEHAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	Montgomery Rockville				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
7	10- STREET AND NUMBER		1.00	10	. ZIP CODE		-	N OF WHAT COUNTRY?	-
ONE		ad Mas decedent ever in Forces? 1 🗌 yes	U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or			USA or No-		
		IF YES OUT IND OR DATES AT				specify Cuban, Maxican, Puarto Rican, atc.) ES 2 🗵 NO Specify: White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile Elementary/Secondary (0-12) Col		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	ork done during most of working			SINESS/INDUS	TRY	
MPL	8 Homemak			er		Own H			
	17. FATHER'S NAME (First. Middle, Lest) Jacob Simon Ida Ur				ME (First, Middle, Meiden LKNOWN	Surname)			
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street	and Number or Rural I	Route Number, City or Tox	rn, State, Zip Co	ode)	
=	Adele Rocker		11506	Patri	ot Lane	, Potomac	, MD	20854	
	20a. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)	rom State	other place) ng David					Church, V	A
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	roulile	1	Ives-		Funeral		e S	
	23 PART I. Enter the diseases, or comp	licationa that caused	tha daath. Do not		Church		046	et, Approxim	nata
	shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition	only one cause on as	sch lina.					Interval E Onset an	
	DUE TO (OR AS A CONSEQUENCE OF):								
O	Sequentially list conditions, If any, leading to immediate b. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):								
5	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST								
AL	PART II. Other aignificant conditions con	ntributing to death be				Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY I	R TO
MEDIC	PERIPHERAL	VASC	ULAR	DISE	EASE	1 YES	NO	OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check poly one)								
PHYSICIAN:	EXAMINER? HO	SPITAL: Inpetiant 2 - ER/Outp	atlant 3 DOA 4	THER:	LACE OF DEATH (Ch	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 26c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide 1 Hom								
COMPLETED	29a. CERTIFIER (Check only) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
O.	one) 2 MEDICAL EXAMINER: On	the basis of examination	and/or investigation,	in my opinion,	death occured at the	time, date and place, a	nd due to the	cause(a) and manner as	stated.
O BE	295 PIGNATURE AND TITLE OF CERTIFIED	rholl	m.D.		D38	392	29d. DATE 5	BIGNED (Month, Day, Year)	,
	30. NAME AND ADDRESS OF PERSON WHO CON	RROLL	ATH (ITEM 27) (Type, PI	6105	MON	TROSE	RD,	ROCKVI	LE
	OCT 9 1990 July	32. REGISTRAR'S SIGN.	ATURE Under the Control of the Contr				7		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY	3 Wildo Elemen 17. FATHER GUS 19e. INFOR Hell 20a. METH 1 □ Burla 4 □ Dona 21. SIGNAT
executed within 24 fours at and completely filled in by burial, cremation, or remnatic event, the medic	NO	23. PART IMMEDI/ disease resulting
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical experience.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequent If any, is cause. E CAUSE (that initi resulting
ATTENDING PHYSICIAN: The law economic and a serificate has be safer death with the State Dept. 28 is marked, or item 23 states and a series and a se	TED BY PHYSICIAN:	25. WAS C EXAM 1
TO THE HOSPITAL OR TO THE FUNERAL DIRECTOR SPECIAL DIRECT	D BE COMPLE	29a, CERTI (Chec one)
,-,-	F	30. NAME

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN	E 90	27395	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
THEODORI	E CHARLES	KRELL			OCTOBER 2	, 1990	6 ;35P M	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	SIRTHPLACE (State or Foreign Country)	
721 - 09 - 1925	1 X M 2 🗆 F	65 YAS.			July 11,1			
9e. FACILITY NAME (If not institution, give si				OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
THE JOHNS HO	PKINS HOSPIT	AL	BALT	IMORE		BALTI	MORE CITY	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
Virginia Arlin	igton						1 YES 2 X NO	
-10e. STREET AND NUMBER	33		10	r. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?	
4127 North Old G				22207_			S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 🖵 YES	2 NO			NC ORIOIN? (Specify Yee in, Puerto Rican, etc.)	or No- 14.	RACE — American Indien, Black, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYE	S 2 NO Specify	y:	Ca	aucasian	
15. DECEDENT'S EDUC	CATION	16a, DECEDENT'S U	SUAL OCCUPATI	ION	16b. KIND OF BUS	BINESS/INDUST	RY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ost of working	200			
	4 Yrs.	Lawyer	r		Priva	te Pra	actice	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)		
Gustus John Kr	ell			Alice	e Lundqui	st		
190. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
Helen S. Krell		_		Glebe Roa			<i>l</i> a. 22207	
20a. METHOD OF DISPOSITION 1 □ Burial 2 to Cremation 3 □ Rem	oval from State	b. PLACE OF DISPOSI other place)				CATION — City		
4 Donation 5 Other (Specify)		orthern V	irginia	Cremato		ington,	Va. 22203	
	uneral Home				Fairfax D	rive		
Mar 11.71					Virginia	22203		
23. PART I. Enter the diseases, or ahock, or heert failure.	complicatione that cause List only one cause on (d the death. Do no	ot enter the m	ode of dying, suc	h ae cardiac or reapi	iratory arrest,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel							Onset and Daeth	
disease or condition resulting in death)	· Stroke	A CONSEQUENCE OF					30 275	
	DUE TO (OR AS	A CONSEQUENCE OF):				30 da	
Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	7 2				20 0043	
if any, leading to immediata cause. Enter UNDERLYING			,					
CAUSE (Diseese or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):					
resulting in deeth) LAST	d							
PART II. Other algnificent condition	ne contributing to deeth	but not reaulting in	the underlying	ng ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
Dabetes				W. Hereit W. School	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
1030			·		1 TYES 2	I NO	OF DEATH?	
					— II		1 128 2 110	
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Ou		OTHER:	ma 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		OF 26c. If	IJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation	(WORL)			YES 2 NO				
3 Suicide 6 Could not be	26e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, st	treet, factory, off	lca	261. LOCATION (Street City or Town, State)	and Number or f	Rural Route Number,	
4 Homicide determined								
cool orny	(Check only Check on Check only Check on C							
296. SIGNATURE OF CERTIFIE	-	>		29c. LICENSE NU			IONED (Month, Day, Year)	
	ON NAMES AND ADDRESS OF THE PARTY OF THE PAR							
31. DATE FILED (Month, Day, Year)	31. DATE FILED (Month, Day, Year) OCT 9 1990 July Deviden Handson							
OCT 9 1990	Jeffia Davidson	fands 18						

OF VITAL RECORDS, P.O. BOX 13116, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that DIVISION

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TO THE FUNERAL DIRECTOR: Abe be filed within 72 hours after the IMPORTANT: If Item 28 Is ma

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the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages			
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Theodore Kenner 2. DATE OF DEATH enner DAY YEAR 11.45PM 9 head 07-R 10 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Pey, Year) 21907597 HOURS 1 M 2 | F M YRS. 10 9a. FACILITY NAME (If not institution, give etreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPIT Baltimore ALCENTRE Bulti mare Harbor DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 # YES 2 | NO Glenn Burnie Md. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6214 Flamingo Drive 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES \$\(\) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Harried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced 8/43 3/46 **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Retired 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Kenner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Esther Kenner 6214 Faamingo Dr. Glenn Burnie, Md. 21061 29e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Crownsville, Veteran Crownsville, Md. 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. anter the diseases, or complications that caused/the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Caroliv W resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS bleosis at Aprix Rr. pleural Effusion, COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? and in filluste atelectasis 1 | YES 2 | NO lobe 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Inputient 2 ER/Outpatient 3 DOA OTHER: ng Home. 8 🗆 Residence. 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending м 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Reen 1016190 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

EN.

92. REGISTRAR'S SIGNATURE ha Davidson

_	REGISTRAR			ENIIF	ICATE	: Or	DEA	i III	- 1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	F							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
	Ary 4. SOCIAL SECURITY NUMBER	Frizze	6. AGE (In yrs. i	Laude	IF UNDER	1 VEAD	IF UNDER	24 1/00	Oct.		7	990	PLACE (State or Foreign
	4. SOURE SESSION TOWNSEN	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	sy. Your)		Countr	γ)
	9s. FACILITY NAME (If not institution, give str	eet and number)	00	4	9b. CITY,	TOWN C	OR LOCATION	ON OF DE		15		NTY OF D	ryland
E	St. Joseph's Hos	spital				Точ	vson				5.5	Ral+i	more
5	RESIDENCE OF DECEDENT				-							Jaici	
DIRECTOR				10c. CIT	Y, TOWN O		TION						10d. INSIDE CITY LIMITS?
2	Maryland Baltir	nore			Tow		. ZIP CODI				10a CIT	ZEN OF V	1 YES 2 NO
FUNERAL	2300 Dulaney Va	llev Roa	d			100					4.5		THAT COUNTRY?
N N	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S.	ARMED	13. \	MAS DEC	212		IC ORIGIN? (S	pacify Yes	US or No-		E American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 YES 2 YES	Х ио	1	yes, sp	ecify Cube 2 X NO	n, Mexice Specify	n, Puerto Rice	n, stc.)		Speci	t, While, stc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			DECEDENT'S (Give kind of	work done o	CCUPATIO	ON ost of working	na	18b. KII	ND OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		He. Do NOT u	se retired.)	_							
MP	12				Reta	il				ales			
	17. FATHER'S NAME (First, Middle, Last) Mars Frizzell								ME (First, Midd	lle, Maiden	Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)		-	19b. MAIL INC	ADDRESS	(Street e		a Ne	agle Boute Number,	City or Town	State Zie	Code)	
2	William F. Laudem	an							Tim				1002
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo		20b. PLAC	E OF DISPO	SITION (Na	me of cer	metery, cren	nstory or		20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	wal from State	_ lMé	tro C	rema	tor	y. 🖫	ry		Cat	bnsv	ille;	Md.
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	rel				ND ADDRE						
	Br	yan W.	Clary		-	emm	ion-N Cimor	/IIICh	ell-Wi , Mar	edete	ald		
	23. PART I. Enter the diseases, Dr c shock, o hasrt failure. I IMMEDIATE CAUSE Final	let only one one	the on each II	50		ths mo	ds of dy	ing, sucl	h as cardisc	or reapl	ratory ar		Approximata Interval Between Driset and Death
	disease or condition resulting in death)	DUE TO	estine	he	nt	la	ile	ne)	,				25011, 250 620
İ	resorting in death)	DUE TO	(OR AS A CONS	SEQUENCE O	OF):	0	- /	1					
Z	Sequentially list conditions,	. Ind	- sta	ge	chr	me	· 1	un	5 d	sea	se	/	
ATIO	If any, isading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE O	OF):			(
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	SEOUENCE O	F):								
E	reaulting in death) LAST												
	PART II. Other algnificant condition	a contribution to	death had an	A	In the sam			=1 1-	D-41 A	a. WAS AN		Lau	
EDICAL	PART II. Other aignificant condition	s contributing to	destribut no	t resulting	in the un	laeriyin	g cause	given in	Part I. 24	PERFOR		240	AVAILABLE PRIDE TO COMPLETION OF CAUSE
ă									— ¹	YES 2	□ NO		DF DEATH?
Σ									-				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only one)	-			
PHYSICIAN:	EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpetlant	3 □ DOA	OTHER 4 Nur	R:			6 Other (S	inec/fv)			
H	27, MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TII	ME OF	28c. IN.	JURY AT		28d. DESCR		NJURY OC	CURED	
ВУР	1X Netural 5 Pending 2 Accident Investigation	(MONIN, L	лау, <i>төаг)</i>	114	JURY M		YES 2 [□ NO					
	3 Suicide 8 Could not be	28e. PLACE (building	OF INJURY — AI , etc. (Specify)	home, farm,	street, fact	ory, offic	28		261. LOCATI	ON (Street a	and Numbe	r or Rumi	Route Number,
	4 Homicide detarmined												
COMPLETED	29e. CERTIFIER (Check only 1 XCERTIFYING PHYSI	CIAN: To the best o	f my knowledge,	death occur	red at the t	ime, dete	and place	e, and dus	to the cause	(s) and mar	ner sa sta	nted.	
Š	one) 2 MEDICAL EXAMINE	R: On the basis of s	xamination and/	or investigati	ion, in my c	opinion, o	death occu	red at the	time, data an	d place, an	d due to t	ha cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		- 4	_			29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
6	Mahmadad do.	u from	, m.s	,	- 0.1."		00	175	08			10/	5/90
	NATIVIDAD D.		on, c	10 57.	e, Print)	EPH	+ Hos	SPITI	TL, TO	WSO	N,M	D - 1	2/204
	31. DATE FILEO (Month, Day, 1687) OCT 09 1990	Fulla Day	AR'S SIGNATURI	ndelle		10-			7				,

Inted within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

Completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should burlat, cremation, or removal.

atts event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS,

DIRECTOR

FUNERAL

BY

COMPLETED

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10a. STATE

MD.

11. MARITAL STATUS

N/A

ng physician.

BALTIMORE, MARYLAND

director, page 5 Page 6 may be funeral death. n by the f removal. after medical filled in by 1 0 and completely filled to burial, cremation, the event. executed within traumatic prior to n signed by the attending physician Health and Mental Hygiene prior to certificate be other 6 the death amy t. of Heal has be SW. 23 OR ATTENDING PHYSICIAN: The certificate h 6 the with marked, this After death DIRECTOR: A hours after d .00 28 HOSPITAL FUNERAL within 72 I IMPORTANT

CERTIFICATION

MEDICAL

PHYSICIAN:

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STATE REGISTRAR

90 27398 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leat) DUNCAN LIVINGSTONE 3. TIME OF DEATH 2:3 2. DATE OF DEATH 10/5 0 10 4. SOCIAL SECURITY NUMBER 8. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign APRIL 21 1923 DAY8 HOURS 1 🗔 M 2 🗆 F 67 YRS. MD. 212-20-7669 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE CITY 1 X YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5040 ORVILLE AVE. 21205 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxicen, Puerto Ricen, atc.) 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced WHITE WW II 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) TRUCK DRIVER TRUCKING CO. N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) DUNCAN LIVINGSTONE, SR. MARIE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MARGARET M. LIVINGSTONE (WIFE) 5040 ORVILLE AVE, BALTIMORE, MD. 20a. METHDD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Cremetion 3 Removal from State METRO CREMATORY, INC. BALTIMORE, MD. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 23. PART I. Enter the dieeeses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line Interval Between **Onset and Death** Recurrent and metastatic care no IMMEDIATE CAUSE (Finel disease or condition resulting in death) of colon DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THE 1 YES 2 140

25, WAS CASE REFERRED T	O MEDICAL			26. PLACE OF DE	ATH (Check only one)		
1 YES 2 NO		HOSPITAL: 1 Dimpetient 2 ER/Outpetient 3		HER: Nursing Home 5 - Rea	ildence 6 🗆 Other (Sp	ecity)	
	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2		BE HOW INJURY OCCURED	
3 Sulcide 8	Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stree	, fectory, office		N (Street and Number or Rural Rout wn, State)	e Number,

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

296. SIGNATURE AND TURLE OF CENTIFIER	29c. LICENS
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3 /

DR. SHETTY, M.D. CHURCH HOSPITAL

32 REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

10/05

190.

-1.50

Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or

BY PHYSIC

BE COMPLETED

2

4 Homicide

1 . 3	FOR STATE REGISTRAR		STATE OF N	/ARYLAN			NT OF H			MENTAL	. HYGIENI	E	90	2	7399
1. OE	CEDENT'S NAME (First,	KUN	5. SEX	Mc			Lee			2. DATE 0 MONTH 10-	5-90	Ą	YEAR	12	*:53PM M
2	16-94-529	8	12 M 2 🗆 F	60	YRS.	MONT		HOURS	MIN.	7-5	- 30	9c. COL	Kore	ea	. (State or Foreign
JO	ohns Hopk	CEDENT						timo	re C	ity					
Ma	ryland	Balti			1 -	WSO								1 🗆	NSIOE CITY JMITS? YES 2 X NO
10	TREET AND NUMBER O2 Breeze ARITAL STATUS	wick F	d.	T FUER IN I	C ADMCD		2	21204		uo onioni	? (Specify Yea	U.S	A.		
3 □	Never Married 2 X Wildowed 4 Divo		FORCES? 1	YES	2 NO		If yes, sp		in, Mexica	n, Puarto R		or No-	Spec		nerican Indian, a, etc.
17. FA	(Specify onlinementary/Secondary (EDENT'S EDU ly higheat grade 0-12)				of work d Luse retir	AL OCCUPATION DO NOT THE NAME OF THE NAME	ON ost of worki	ng		KIND OF BUS				
	12 yrs				Owner		-			ME (First, N	ilmore Middle, Maiden		uors	5	
19a, I	n Soon Le	Type/Print)						and Numbe		Route Numb	er, City or Town			117	
20a,	METHOD OF DISPOSIT	ION on 3 - Rem	oval from State	0	PLACE OF DISF	POSITIO	N (Name of ce	metery, crei	matory or	ngs	20c. LO	CATION -	- City or T	own, St	ata
	IGNATURE OF FUNERA		CENSCE	/	Tancy		22. NAME A RUCK	NO ACORE	n Fu	mera	1 Home	, Ir	ıc.	101.	
IMM	PART I. Enter the d shock, or h EDIATE CAUSE (FI	eart fallure.	List only one car	use on eec	h lina.										Approximate interval Between Onset and Death
rest	ulting in deeth)	→	a. Head		CONSEQUENCE	OF):									
Seq If sr cau:	uentially list condi- ny, lesding to imme se. Enter UNDERLY ISE (Disesse or inj	ediata 'iNG	C	•	ONSEQUENCE										
thet	initietad events ulting in deeth) LAS		d	OR AS A C	ONSEQUENCE	: OF):									
PAR -	T II. Other signification	ant condition	ne contributing to	death but	not reaultin	ng in th	e undarlyin	g cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	24	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? OF 2 NO
25. W	AS CASE REFERRED	TO MEDICAL				_	26. P	LACE OF	DEATH (C)	eck only on	ne)				

NOTES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED
Pedestrian struck by auto 9-25-90 7:04PM 27. MANNER OF DEATH 26c. INJURY AT WORK? 1 Natural 1 YES 2 XXO 2 XX Acident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 1033 E. 33rd. St. W. of Ellerslic 3 Suicide

29a. CERTIFIER (Check only one)

Street

OCME	▶ 10-6-90
	OCME

MARGARITA A. KORELL, MD

111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

VC

Pages 1, 2, 3 should

	1 - STATE REGISTRAR	INIE OF MI		RTIF	ICATE OF	DEATH	MEHIN	REG. NO.		0 6	2 / 4 0 0
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		YEAR 3	3. TIME OF DEATH
	Herman Lewis						MONT	10-05			11.30a M
		SEX	B. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign
	218-60-3795	_M 2 □ F	36	YRS.	MONTHS DAYS	HOURS MIN.		29/54		Mo	1.
	9e. FACILITY NAME (If not institution, give atreet	and number)			96. CITY, TOWN	OR LOCATION OF E			9c. COU	NTY OF DEA	
DIRECTOR	Church Hospita	1 Cor	porati	.on	Balt	imore (City				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				Ι,	od, INSIDE CITY
IR	Md.					ore Cit	- 37			- 1	LIMITS?
	10e. STREET AND NUMBER					H, ZIP CODE	-1		10a. CIT		AT COUNTRY?
ERA	129 Broadway					21231			2.7.		
5	11. MARITAL STATUS 12.	WAS DECEDENT	EVER IN U.S. ARM	IED		CENDENT OF HISPA			or No-	14. RACE -	- American Indian, 4 White, etc.
BY FUNERAL	Never Married 2 ☐ Married Widowed 4 ☐ Divorced	IF YES, GIVE WA		,		pecity Cuben, Mexic S & NO Spec		Hicen, etc.)			lack
ED	15. DECEDENT'S EDUCATION (Specify only highest grade com		16a, DEC	EDENT'S	USUAL OCCUPAT	ION	16	b. KIND OF BUS	BINESS/INC	DUSTRY	
핔		ollege (1-4 or 5+)	life	Do NOT u	se retired.)	ost or working					
MPL				Cl	erk			Sterli	ng C	ptica	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
BE (2	wis						ndersor			
2	198. INFORMANT'S NAME (Type/Print) MS. Patricia Lewi	C				and Number or Rura					
	20a. METHOD OF DISPOSITION	.5			I. Broad	way BA		, Md.		.231 City or Town	
	1 - Buriel 2 - Cremation 3 - Removat	from State	other pla	rbut	SITION (Name of C	emetery, crematory or				o, Mo	
	6 Other (Specify)	EE A			22. NAME	ND AOORESS OF F	ACILITY				
	and and a	M=	1.		James	A. Mort	on &	Sons			
	yarres a.	110	wil			Laurens					
	23. PART I. Enter the diseases, or com shock, or heart failure. List				not entar tha m	oda of dying, su	ich as cai	rdiac or reapi	ratory sr	rest,	Approximate Interval Between
	MMEDIATE CAUSE (Final disease or condition				1.0						Onset and Deeth
	resulting in death) s	SEM	OR AS A CONSEO	100	K						HOURS
		1) 11/	TO 1 C 10	MENCE O)F): —						3 Y/
CERTIFICATION	Sequentially list conditions, b. —	DUE TO	OR AS A CONSEO	UENCE O	(F):						2 1/2,
AT	if any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEO	UENCE O	F):						
H	resulting in death) LAST										
2	PART II. Other significant conditions of	ontributing to	death but not re	euitina	In the undertyl	ng cause given i	n Part I	24s. WAS AN	ALIMOREV	245.1	WERE AUTOPSY FINDINGS
DICAL	GROWINDLYT			aditing.	in the dilucity	ing cades given i	ii v dit i.	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
111		, , ,	V J					1 VYES 2	□ NO		OF DEATH?
Σ											1 TES 2 X NO
AN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Check only o	one)			
PHYSICIAN:		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 - Residence	6 Oth	ner (Snecily)			
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TII	NE OF 28c. II	JURY AT	-	ESCRIBE HOW	NJURY OC	CURED	
	1 Netural 6 Pending Investigation	(Month, De	ly, 168/)	IN		YES 2 NO					
) BY	2 Accident investigation 3 Suicide 6 Could not be		FINJURY — At hor	ne, ferm,	street, fectory, of	ice		CATION (Street y or Town, Stete)		or or Rural Ro	ute Number,
TE	4 Homicide determined	banany, (are (Openly)				- Car	y or rown, steller			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of	my knowledge, dec	oth occur	red at the time, de	te and place, and d	ue to the c	ause(a) and ma	nner ee sta	nted.	
MC	one) 2 MEDICAL EXAMINER: C	on the basie of ex	amination end/or i	nvestigati	ion, in my opinion	death occured at ti	ne time, de	te end place, ar	nd due to t	the cause(a)	and menner as stated.
	296. BIGGATURE AND TISEE OF CERTIFIER	7	Mar	2		29c. LICENSE N	UMBER		29d. DA	TE SIGNED (Month, Day, Year)
) BE	//www///	1111	VVV	1		D151:	35		1	0/5/	90
5	NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITEM	1 27) (Typ	e, Print) WADU	my B	MI	mull	7 1	212	31
	31. DATE FILED (Month, Day, Year)	DE REGISTRA	R'S SIGNATURE	/	J						
	I 11:11 119 1000 🖈	1//4		-	- P						

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DIVISION OF VITAL HECCHES, P.O. BOX 13169, BALLIMONE, MANTLAND 21203-3140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mounts that the death certified is a solution of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending personned commits of the formal personned of the formal personned of the filed within 72 hours after death with the State Dept. of Health Hopers processing the committee of the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death with the State Dept. of Health Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after death Hopers processing the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the filed within 72 hours after the	MPORTANT: if Item 28 is marked, or Item 23 shows any injury, for other transactic event, the medical examiner must be notified at once.
140	In watering	orematio	s event, th
2	S	10	numatic
2	1	1	ther tr
5	100	A P	y. or 0
ŝ	o at	by the s	y Injury
5	oins the	signed Health a	WE SH
7	law mo	ss been lept. of	23 ahe
A	N: The	State D	Item
7	HYSICIA	his cert	ked, or
200	NDING F	t: After t	ls mar
<u> </u>	A ATTE	IRECTOR	9m 28
ב	PITAL O	ERAL D	THE
	HE HOS	HE FUN	DRTAN
	10	2 3	IMP

30. NAME AND ADDRESS OF PER MONCO STREET, DAY, Vol. 1990

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

L	1. OECEDENT'S NAME (First, Middle, Leet) John Edwin Lewis	17					2. DATE (ober 6	, J	990	9:00 A.M
	4. SOCIAL SECURITY NUMBER 217-07-0447	5. SEX P∑M 2 ☐ F	6. AGE (In yrs. leat		UNDER 1 YEAR NTHS DAYS		7. DATE O	OF BIRTH	3	Coun	HPLACE (State or Foreign try) rginia
-	6801 White Water 6801 White Water		201		len Bu	or Location of O	EATH			Art	undel
	10a. STATE 10b. COUNTY	Arundel			Burni						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	6801 White Water	: Way Apt	201			21061				U.S.	WHAT COUNTRY? A.
- 11	11. MARITAL STATUS 1 Never Married 2/12 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 2 MINO RR OR DATES		If you,	ECENDENT OF HISPA apocify Cuban, Mexico ES 2 NO Speci	in, Puerto R		or No-	Bla	E — American Indian, ck, White, etc. clly: White
	16. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 4 Years	CATION completed) College (1-4 or 5+	(Glv.)	EDENT'S US We kind of work Do NOT use in	done during attred.)	TION most of working		KIND OF BUS		DUSTRY	
L	17. FATHER'S NAME (First, Middle, Last) Dorsey Lewis					10. MOTHER'S NA Emma	Hayni	.e			
	Dennis P. Lewis					on and Number or Rural 7B Hughes		, Ma	2063	7	
	20a. METHOD OF DISPOSITION [☼] Burlal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE C other plea Lake	View	on (Name of	cometery, crometory or ial Park					Maryland
- 10-	21. SIGNATURE OF FUNERAL SERVICE LIC						CILITY C	200000	-		1
	Richard	. Ella	vis		Home	4001 Rit	chie	eorge Hgwy 1	J. (Balte	Gonc o, M	e Funeral
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the dease on each line.		Home anter the r	4001 Rite	chie	Hgwy I	Balte	o, M	d 21225 Approximata Interval Between
	23. PART I. Enter the diseases, or shock, or heart failure.	a. M / O (OUE TO DUE TO	t caused the dease on each line.	OUENCE OF):	Home anter the r	4001 Rit	chie	Hgwy I	Balte	o, M	d 21225 Approximata Interval Between
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. M / O (OUE TO b. DUE TO c. DUE TO	t caused the desire on each line.	DUENCE OF):	Home anter the r	4001 Rite	chie	Hgwy I	Balto Iratory a	o, M	d 21225
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition ENTER CAUSE REFERRED TO MEDICAL EXAMINER?	a. M Y O (OUE TO b. DUE TO d. DUE TO d. HOSPITAL:	t caused the deise on each line. (OR AS A CONSECTION AS A CON	DUENCE OF): NUENCE OF): NUENCE OF):	Home anter the r	4001 Rite	chie ch as card	24a. WAS AN PERFOR	Balto Iratory a	o, M	Approximata interval Between Onset and Deat on Deat On
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. My O (OUE TO OUE TO DUE TO d. DUE TO d. HOSPITAL:	t caused the detection on each line. (OR AS A CONSECTION OF AS A CONS	DOA 4 28b. TIME	the underly 26. OTHER: Nursing H Nursing H 1 [4001 Rite	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSYRMED?	rreat,	Approximata interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other algnificant condition EPIC (P) Y 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	a. M / O (OUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Impatient 2 28a. DATE OF (Month, D) 28a. PLACE O	t caused the detection on each line. (OR AS A CONSEQUENCE OR AS A	DOA 4 28b. TIME	the underly 26. OTHER: Nursing H Nursing H 1 [4001 Rite	Part I. B Other 286. DES	24a. WAS AN PERFO! 1 YES 2	I AUTOPSY PMED?	rreat,	Approximata interval Betwee Onset and Deat of

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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI		90	27402
1. DECEDENT'S NAME (First, Middle	Jorna	B				30-9°	EAR)	850 Am
4. SOCIAL SECURITY NUMBER 212-18-7052 9a. FACILITY NAME (If not institution	1 - M 2 - F 9	2 YRS. MOI		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-18-18)	Country) MC	
Caton Manor	Nursing Hom	e	Balti	more (lity	l N	I/A	
	N/A		own or location		-3		100	INSIDE CITY LIMITS? PYES 2 NO
				ZIP CODE	75	10g. CITIZEN		COUNTRY?
10. STREET AND NUMBER 4201 Massac 11. MARNITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED	If yes, spec		NIC ORIGIN? (Specify in, Puerto Rican, etc.)		. RACE — Ar Black, White Specify:	merican Indian, ite, etc.
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	S EDUCATION it grade completed)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most			BUSINESS/INDUS		11 00
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, L	Coffege (1-4 or 5+) N/A	Store	e Owne		Se]	f-Emp]	oyed	1
John Rees			de La		nce Fea			
O 196. INFOHMANT'S NAME (Type/PHI					Route Number, City or			
Mrs Floren 20e. METHOD OF DISPOSITION 1X0 Burlel 2 □ Cremetion 3		b. PLACE OF DISPOSITIO			Balto.	LOCATION - CIT	or Town. S	
1 □ Buriel 2 □ Cremation 3 0 4 □ Donation 5 □ Other (Specif		Loudon	Park 0	emeter		lto.		
21. SIGNATURE OF FUNERAL SERV	an Schwab		22. NAME AND 5151	ADDRESS OF FA		tional		ce
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Finel disease or condition resulting in death)	s, or complications that cause silure. List only ons cause on a a.	Conge		a of dying, aud		apiratory arrest	i,	Approximata Interval Between Onset and Peath 2 4 118.
Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	osel	pal	ly India va		eason	Payes
PART II. Other algorificant control of the control	South	Domen	ha undartying	cause given in	PER	AN AUTOPSY FORMED?	COMI DF D	DE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	CAL HOSPITAL:		26. PL/	ACE OF DEATH (C)	reck only one)			
1 ☐ YES 2 1 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	petient 3 DOA 4	Nursing Home		6 Other (Specify)		-	
Netural 5 Pendin		26b. TIME O	WOF		26d, DEŞCRIBE HO	W INJURY OCCUP	RED	
	building, etc. (Spi	Y — At home, farm, stree ecity)	et, factory, office		281. LOCATION (Str City or Town, S	set and Number or tate)	Rurel Route I	Number,
con)	PHYSICIAN: To the best of my know							menner as stated.
296. SIGNATURE AND TITLE OF C	ATIFIER MCKO	n MI	7	29c. LICENSE NU	MBER 993	29d. DATE 8	IGNED (Mont	oth, Day, Year)
39 NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	EATH (ITEM 27) (Type, Pr		3664	MD	210	250	7
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	NATURE COMMAND		2115.10	. ////		- 0	

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	2. Surs after death, Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to make a find within 72 hours after clearth with the State Deot. of Health and Mental Hydiene prior to burdal, cremation, or removal.	filled in by the funeral director, page 5 should be detach-
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

V	
\	STATE OF MARYLAND / DEPARTMENT OF HEALTH
1	CERTIFICATE OF DEA

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.	9 (27403
	1. DECEDENT'S NAME (First, Middle, Last)	Mahes	cu-La	NG		2. DATE OF D MONTH	gay	YEA 9	R	1335 M
	4. SOCIAL SECURITY NUMBER 217-32-7507 96. FACILITY NAME (If not institution, give str	1 M 2 OF 80 YRS. MONTHS DATE HOUSE					16ar)	Co	RC	omania
5	Baltimore County (ltin	
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT						INSIDE CITY
	100. STREET AND NUMBER	timore	Ba.	ltimore	ZIP CODE		10g.	CITIZEN (COUNTRY?
FUNERAL	3205 Greenmead Roa				21207				.S.A	
5	11. MARITAL STATUS 1 Never Married 2 🔯 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF NISPAN city Cuban, Maxica 2 A NO Specify	n, Puerlo Ricen,			Black, Wt Specify:	American Indian, nita, atc. White
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12) 12 Years	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mod tired.)	N at of working	16b. KINC	OF BUSINESS	3/INDUSTR	ťΥ	
2	17. FATHER'S NAME (First, Middle, Last)		Housev	vite	18. MOTNER'S NA	ME (First, Middle	, Maiden Surna	me)		
BEC	Unknown Daneluk				Unkno			20.11		
2	Mr. Ted Manescu		The Action of the Action		nd Number or Rural F					21002
	20s, METNOD OF DISPOSITION	20	b. PLACE OF DISPOSITION		ad Apt.	101	Fimonia 20c. LOCATIO			21093 Stata
	1 🖾 Burlat 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donatter 8 🗆 Other (Specify)		other place) Lake	View	Memorial	Park	Syke	svil!	le.	MD
	21. SIGNATURE OF FUNCAL SERVICE LICE	MANA.		Lorin	o address of far g Byers	cility Funeral	l Dire	ctors	s, I	
	23(PART I Ener the disease, Dr conshock, or heert feilure. Limited in the constant of the con	List only one cause on e	each line.			A Wit		iv		Approximate Interval Between Onset and Death
NO.	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):				עריו שו			
CEMILLICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):							
¥	PART II. Other significent conditions RIGHT CERE THROMBOCYT	RAL INFAM		the underlying	cause given in		. WAS AN AUTO PERFORMED? YES 2	?	AW	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DIF CAUSE OEATH?
M	- IGROPIISO CY I	OPENIA				_			1 (YES 2 PNO
AN	25. WAS CASE REFERRED TO MEDICAL			20. PI	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out		THER:	e 5 🗆 Residence	8 Other (Sp	ecify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? /ES 2 NO	28d. DESCRIE	BE NOW INJUR	Y OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, offic		28f. LOCATIO City or To	N (Street and Nown, State)	umber or R	turel Route	Number,
COMPLETED	000)	CIAN: To the best of my known. R: On the basis of axamination							use(a) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Turkly in	D		29c. LICENSE NUI 2382	_				onth, Day, Year) H 1990
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)						
	31. DATE FILED (Month, Day, Young)	Guha Davidso	n-Randall							

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DIVISION OF VITAL RECORDS, P.O. BUX 13146,	E	ē	ę
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	REGISTRAR	della di anali	CERTIFICA	TE OF DEATH	REG. NO.	90 2740
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~	PARILITY NAME (If not institu	tion, give street and number)		CITY, TOWN OR LOCATION OF	DEATH OF COUR	TY OF DEATH
DIRECTOR	ATTEMEN OF DECE	DENT VALES		ent on toakson	100	10d, INSIDE CITY
	MO	2 000111	Ba	Himan	2	LIMITS?
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31	11. MARITAL STATUS Never Married 2 Mar	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuban, Mexi 1 — YES 2—NO Spec	ANIC ORIGIN? (Specify Yee or No—	14. RACE — American Indian,
ED BY	3 Widowed 4 Divorced	ENT'S EDUCATION	16s. DECEDENT SUBU		16b. KIND OF SUSPESSION	Diach
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BE	16e. INFORMANT'S NAME (Type)	Plan	19b. MAILING AOO	RESS (Street and Number or Run	e Domins	SC AILLS
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	20 METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 10 Other (Sp.	3 - Removal from State	PAGE OF DISPOSITION	Come of comotory, crimatory of	Ba Ho	Catuli M
,	21. SIGNATURE OF JUNERAL SI	ERVICE LICENSEE	10	12. NAME AND ADDRESS OF	T.M. C.X. A.C.	School FIH
		sees or complications that o		eg HO, N	di abili	
	shock, or heer			ntar the mode of dying, so	ich se cardiec or respiratory art	
	immediate Cause (Finel disease or condition resulting in desth)	t failure. List only one cause	on each line.	randied	on tarchin	Interval Between Onset and Da
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list condition	a. Palain DUE TO (0	on each line.	randied	on tarchin	Interval Between Onset and Da
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COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per CANDERLY NO 29. CERTIFIER CONDICTION OF CONDITION OF CONDITION OF CERTIFIER (Check only)	BEDICAL HOSPITAL: 1 Grant of the best of my L EXAMINER: On the basis of example of example of example of the basis of example of example of example of the basis of example of example of example of the basis of example of example of example of example of the basis of example of example of example of the basis of example of the basis of example of example of the basis of the basis of th	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):	Cardhed No Vaseule 26. PLACE OF DEATH (HER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO t, factory, office	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW INJURY OC City or Rown, State) tue to the cause(e) and manner as state the time, date end place, and due to the	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO CUREO To CRUTAL Route Number, ted. The Cause(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedial cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MELAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inw. 3 Suicide 6 Code 4 Homicide 6 Code 5 MEDICAL 29b. SIGNATURE AND TITLE OF	BEDICAL HOSPITAL: 10 Inpatient 2 Earnined 28a. DATE OF IN (Month, Day, Bettigetion building, etc.) LEXAMINER: On the basts of example of the basts of the bas	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R	26. PLACE OF DEATH (Nursing Home 5 Residence 26. INJURY AT WORK? M 1 YES 2 NO 1, factory, office the time, date and place, and of my opinion, death occurred at 1	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW INJURY OC City or Rown, State) tue to the cause(e) and manner as state the time, date end place, and due to the	Interval Between Onset and Da Service
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31. DATE FINED (Month; Day, Year)

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30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

The Davidson Mandall

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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO MARGARET M. MCKHWa Kew 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME DF DEATH 2. DATE OF DEATH Margaret 40 10 7. DATE DF BIRTN 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig DAYS HOURS 214-01-8490 1 M 2 F F 74 Nov. 11, 1915 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATN 9c. COUNTY DE DEATH Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 ND 10g. CITIZEN DF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 3110 Glendale Ave. 21234 U.S.A. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-FDRCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 K ND If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Supervisor Blue Cross/Blue Shield of Md 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Dunnigan Ħ Mary Burkhardt BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Ann Folderauer Same as #10 pe 20e. METNDD DF DISPOSITION
1 ☐ Buriel 2 💢 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Green Mount Crematory 10/5/90 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LI 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 23. PART I. Enter the dispesse or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiretory arrest, shock, or least pilips, kin ship one cause on each line. medical Approximata Interval Batween 50 Onset and Daath **IMMEDIATE CAUSE (Final** MOI, the disease or condition resulting in death) valle event, DUE TO (DR AS A CONSEQUENCE OF): Ca. evy CERTIFICATION Sequantially list conditions, OUE TO (DR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events has been signed by the attending Dept. of Health and Mental Hygiel resulting in death) LAST wances 0 23 shows any injury. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 ND DE DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATN (Check only one) Hem the State I EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 ND 4 Nursing Nome 5 Residence 8 Other (Specify) 0 28c. INJURY AT WORK?
1 YES 2 NO 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED with t is marked, 1 Netural 5 Pending Investigation FUNERAL DIRECTOR: After t within 72 hours after death BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide a Could not be COMPLETED 4 Nomicida 28 determined Hem 1 department of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FUNERAL DE filed within 72 h (Check only one) 2 🗇 MEDICAL/EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 295 SIGNATURE AND TITLE DE CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Mighth, Day, Year, BE 五五百 and 10

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
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FOR STATE REGISTRAR 27406 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR atalina 0 0 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. IL BIRTHPLACE (State or Foreign 065-22-0 28 926 1 M 2 Florida 9b. CITY. TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH niversi DIRECTOR timore 05 RESIDENCE OF 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10a STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION Md FUNERAL 10a. STREET AND NUMBER log. CITIZEN OF 10f. ZIP CODE WHAT COUNTRY? Ave SA 21216 12. WAS DECEDENT EVER IN U.S. ARMED FD RCES? 1 TYES 2 HD IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Marr BY 3 Widowed 4 Divorced Black ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) COMPL 17. FATHER'S NAME (First, Middle, Last) Dredencio notified at BE 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S 2/215 2 2808 200 20g METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE OF DISPOSITION (No other place) must as tion 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final Item 28 is marked, or item 23 shows any injury, or other traumatic event, the disease or condition resulting in death) XJanguin DUE TO (DR AS A CONSEDUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ě opera 42 CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Acr Accmon OWO 1 TYES 2 NO Rheama Hear 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 0 0 HO COMPLETED CAUSE OF DEATH (ITEM 27) (Typin, Print) Street Waltimor

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prount after death. Page 6 may be retained by the hospital or after the hospital or after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for until the first within 27 hours after death with the State Deut, of Health and Mental Hyblene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

	1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL HYGIEN		50	21401	
	DECEDENT'S NAME (First, Middle, Last) Norman		McNair						2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219 10 6415	5. SEX 6.	AGE (In yrs. lest bli	rthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yeer)	895	8. BIRTH Counti	IPLACE (State or Foreign N.C.	
ron	90. FACILITY NAME (If not institution, give s 725 N. RESIDENCE OF DECEDENT	Carey St.					R LOCATION	ON OF DE			NTY OF D	EATH •	
DIRECTOR		10b. COUNTY				R LOCAT	ION			-	10d. INSIDE CITY LIMITS? 11 YES 2 NO		
	10e. STREET AND NUMBER 725 N.	Carey S	t.			101.	212 212	217		10g. CIT	ZEN OF V	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 17 IF YES, OIVE WAR	VER IN U.S. ARMEI YES 2 NO OR DATES	D	11	yes, spe	cify Cube	F HISPAN n, Mexical Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	or No-	Spec	E — American Indian, k, White, atc.	
COMPLÉTED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give i	kind of u	USUAL OC work done of se retired.)	during mo	N I of workin	ng	16b. KIND OF BU	SINESS/INI			
BE COM	10000000	Nair							ME (First, Middle, Maider Camp				
TO E	190. INFORMANT'S NAME (Type/Print) Marcella McNair		19b, M	725	N. ((Street a	nd Number Y St	or Rural F	Balto.,	m, State, Zi Md.	2121	7	
	20a. METHOD OF DISPOSITION 1 [XBurial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from Stata	20b. PLACE OF	DISPO 150	SITION (Nat	me of con	t crem	natory or	20W.	LATION -	FILM	s; sind.	
	21. SIGNAPHIRE OF FUNERAL SERVICE LI	a. Mor	ton		Ja	mes	A. 1		on & Sons	alto	Mr	d. 21217	
TION	Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):									Interval Between			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c. DUE TO (O	R AS A CONSEQUE	ENCE O	F):								
MEDICAL	PART II. Other significant condition	ns contributing to de							Part I. 24a. WAS AI PERFO	RMED?	248	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆	DOA	OTHER	R:			8 Cother (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 2	8b. TIN		28c. INJ WO			28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home :. (Specify)	, farm,	atreet, fact	ory, office			281. LOCATION (Street City or Town, State		r or Rural	Route Number,	
COMPLETED	11/1/	in: On the twile of axar					eath occu	red at the	time, date end place, a			e) end manner ee stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WI	Sent	OF DEATH (ITEM 2	7) (Type	D, Print)		29c. LIC	ENSE NUN	457 2457	29d. DAT	re sionet	0 (Month, Day, Year)	
C	EDWARD	A BEDEVEAU	SCHA	58		21,<	m.	1	B. L	1834	272	1 messico	
	A'CI\ \(\alpha \) 1830	guna Davids	m-Mandell									CENISH	

permit. Pages 1, 2, 3 should

	John Mercedoth	McCV		4	MONTH D	1 199	
	4. SOCIAL SECURITY NUMBER 5! SEX 1XXM 2	6. AGE (In yrs. 67	Inst birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber) 12-16-22		TRGINIA
OR	9a. FACILITY NAME (If not institution, give street and number) 4 GLEN WILTON COURT		9b. CI	TY, TOWN OR LOCATION OF CATONSVILLE	OF DEATH CIMORE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
	MARYLAND BALTIMORE		CATON	SVILLE			1 VES 2 X NO
RAL	4 GLEN WILTON COURT			101. ZIP CODE 21228		U.S.	OF WHAT COUNTRY? Δ.
BY FUNERAL	11. MARITAL STATUS 12. WAS DECE 1 Name Married 2 N Married FORCES?	DENT EVER IN U.S., 1 TYES 2 P VE WAR OR DATES		3. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 X NO Spec	can, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specific WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU		
PLET	Elementary/Secondary (0-12) College (1-4 of 1.2 th	or 5+)		special system of special systems of special system	BETHLE	HEM STE	EEL
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Surname)	
BE	JOHN F.	McCUTCI			E MARGARET		
5	19a. INFORMANT'S NAME (Type/Print) FRIDEL McCUTCHEON			ESS (Street and Number or Run WILTON COURT			· ·
	20s. METHOD OF DISPOSITION 1A Burlel 2 Cremellon 3 Removal from State 4 Donetton 8 Other (Specify)		CE OF DISPOSITION	(Name of cemetery, crematory o	20c. LO	CATION — City	or Town, State
	21. SIONATURE OF FUNERAL SERVICE LICENSEE	- 1/	2	CEMETERY 2. NAME AND ADDRESS OF	FACILITY	ALTIMOI	
	· Luneucu	The		LEROY M & RU			LE, MD 21228
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CON	SEOUENCE OF):	Vasaff Di	Duz		Onset and Death
: MEDICAL	PART II. Other algorificant conditions contribution		ot resulting in the	underlying couse given	in Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		Lozu	26. PLACE OF DEATH (Check only one)		
PHYSICIAN	1 □ Inpetient	2 ER/Outpatient		Nursing Home 5 Residence	-1		
	Natural 5 Pending (Mor	E OF INJURY oth, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLA bulk	CE OF INJURY — Alding, atc. (Specify)	home, farm, street,		28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best one)						
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	IUMBER	29d. DATE S	IGNED (Month, Day, Year)
TO BE	Harlo Follon De	DITY Mod	6DEYAN	1de D01	085	100	6 1998
F	MO NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (TEM 27) (Type, Print)	1 00	21-10		, , ,
	31. DATE FILED (Mighth, Day Mar) 32. REGI	TRAR'S SIGNATUR	1 5. C	Nanotto o	7. X C K		
	OCT O 1000 LE K	Pandel	2				
	001 8 1330		A				DHMH-18 Rev 1/8

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR JOHN MEREDITH MCCUTCHE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21203-314	-	60	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or anti-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for see as mineral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE UF N	IAKYLANU / CE	DEPAR RTIF	ICATE	OF	EALTH DEAT	AND I	MENTAL HYGIE REG. N		20	614	0)
	1. DECEDENT'S NAME (First, Middle, Last)					-			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEAT	
	EUGENIA MI	JTAFIS								06	90	11:42	a _M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	HPLACE (State or For	reign
	212-26-5656	1 M 2/XF	82	YRS.					04-30-08			EECE	
_	9e. FACILITY NAME (If not institution, give e						R LOCATIO		EATH	9c. CO	UNTY OF D	DEATH	
5	1012 SOUTHRIDGE	ROAD			CA	TONS	SVILL	E		BA	LTIM	ORE	
DIRECTOR	10e. STATE 10b. COUNT	,		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY	
DIR	MARYLAND BAL	TIMORE		C	ATONS	VILI	Æ					1 YES 2 💢	NO
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?	
FUNERAL	1012 SOUTHRIDGE	ROAD					212	28		U	. S. A.		
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. \	MAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specify Y			E — Amaricen Indie k, White, atc.	n,
BY F	1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	IF YES, GIVE V			;	YES	2XXNO	Specify	y:		Spec	:#y:	
		2471041	Lan. Dec									HITE	
IE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh	ve kind of	Work done of retired.)			g	18b. KIND OF B	USINESS/II	NDUSTRY		
PLE	Elementary/Secondary (0-12) 8th	College (1-4 or 5		мЕМАI	CER				OWN H	IOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101				18. MOTH	ER'S NA	ME (First, Middle, Meide				
	CONSTANTINE NIC	COLAIDIS					MA	RY					
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a			Route Number, City or To	wn, State, 2	Zip Code)		
2	MARY MUTAFIS		10	012	SOUTH	IRID	GE RO	AD	CATONSVI	LLE,	MD 2	1228	
	20s METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Rem	owel from State	20b. PLACE of	icel	,				20c. I	OCATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)		GREEK	OR		- T- T- T- T- T- T- T- T- T- T- T- T- T-				ODLA	WN, M	1D	
	21. BIONATURE OF FUNERAL SERVICE LIC	ENGER -	00				M S.		CELL C WIT	777	FIINET	OAT HOME	
	Luosees	wiz	xe						N AVE CAT				28
	23. PART I. Enter the diseases, or											Approxima	ita
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List Drily Drie Cat	ise on agen line.	-			1					Onset and	
	disease or condition resulting in deeth)	· RI	IARV	O	55	RUK	ti	Ng					
	Sept - Company of the	DUE TO	(OR AS A CONSEC	DUENCE O	F):				C .				
NO	Sequentielly list conditions,	- PRO	LOR AS A CONSEC			10	IAd	der	IZ CARZO	1100	AM		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	502 10	(On AS A CONSEC	JOENCE C	r).								
FIC	CAUSE (Disease or Injury that initieted events	cDUE TO	(OR AS A CONSEC	DUENCE O	F):								
E	resulting in death) LAST	4											
S		0											
AL	PART II. Other significant condition	s contributing to	daeth but not n	esulting	In the un	derlylng	cause g	lven in		N AUTOPS ORMED?	Y 240	AVAILABLE PRIOR	то
Dig .	- Dehyarat	ON							1 _ YES	2 NO		OF DEATH?	AUSE
PHYSICIAN: MEDICAL	HIZHEIMET	25 I	ISCA?	e-								1 YES 2 F	10
Ä													
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER		ACE OF D	EATH (Ch	neck only one)				
IYS	1 TYES 2 NO NO	1 Inpetient 2 28e. DATE OF	ER/Outpatient 3	DOA 28b. TIR	4 🗆 Nun	sing Hom 28c. INJ		eldence	6 Other (Specify) 28d. DESCRIBE HON	V IN ILLIAN C	COURED		
	1 Natural 5 Pending	(Month, L		IN IN	JURY M	WO	RK?	OM	28d. DESCRIBE NO	INJUNY C	CCONED		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE D	F INJURY — At ho	me, term,	street, fact				28f. LOCATION (Street	et end Numt	per or Rural	Route Number,	
	4 Homicide 6 Could not be	building,	etc. (Specify)						City or Town, Sta	(to)			
COMPLETED	29s. CERTIFIER A CERTIFYING PHYS	CIAN: To the best of	my knowledne de	ath occur	red at the t	ime, date	and place	and due	to the cause(e) end n	nenner se s	tated.		
M	forms may								time, date end place,			(e) end manner as s	tated.
	SIGNATURE AND TITLE OF CERTIFIE	R A					29c. LICE	NSE NU	MBER	29d. D.	ATE SIGNE	D (Month, Day, Year)	
BE	Donner	Some	n. 1	M.	7		T	25	5609	•	tolo	8/90	
2	JID NAME AND ADDRESS OF PERSON W	O COMPLETED CALL	SE OF DEATH OFF	H 27) (Tm	Defent		ريد	<u></u>	00)	1	101	710	

Santara Hocha M. D.

Jame and address of person who completed cause of death (ITEM 27) (Type, Print)

Replana Socha 516 N. Rol

SAME AND ADDITION OF THE PARTY

COLUMN NO.

BALTIMORE, MARY	be retained	ge 5 should	e notified
MORE	Раде 6 та	director, p	ser must
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cate be exec	hysician and prior to b	er traumat
P.O.	death certifi	attending p	ry, or other
ORDS,	es that the	alth and Me	s any Inju
L REC	e law requir	has been si Dept. of He	23 show
F VITA	SICIAN: Th	certificate	d, or Item
ONO	NOING PHY	R; After this	Is marke
DIVIS	AL OR ATTE	L DIRECTO	if Item 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained in	TO THE FLINERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT, It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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atending physician.

JOHN R. MAGUIRE SR. 2. DATE OF DEATH MONTH 1 O									8	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUI	SOCIAL SECURITY NUMBER 5. 8		6. AGE (In yrs. lest birthda)		IF UNDER 1 YEAR		7. DATE	E OF BIRTH Ith, Day, Year) -16-08	B. BIRTHPL. Country)		LACE (State or Foreign
9a. FACILITY NAME (If not	Ba. FACILITY NAME (If not institution, give street and number) MERIDIAN NURSING HOME					N OR LOCATION OF I		-10-00		TIMO	ATN
RESIDENCE OF DE	10b COU	190							DAL		
MARYLAND			ty, town or lo CATONSV						INSIDE CITY		
10e. STREET AND NUMBE			CALONSV	101. ZIP COOE			10g. CITIZ		AT COUNTRY?		
16 FUSTING	AVEN	JE		100		21228			U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 [3 Wildowed 4 December 19 De		FORCES?	THE EVER IN U.S. 1 YES 2 WAR OR DATES		If yes,	DECENOENT OF NISP/ , specify Cuben, Maxie YES 2 X NO Spec	en, Puerto	IN? (Specify Yes Rican, atc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE	
	ECEDENT'S El only highest gra (0-12)			OECEDENT'S (Give kind of life. Do NOT u		ATION i most of working		TAXI C			
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S N		Middle, Maiden	Sumame)		
				RE				LUCILI		OHNS	ON
19a. INFORMANT'S NAME CATHERINE		IDEN				net and Number or Rura T PASSAGE					10//
20a METNOD OF DISPOS	MOITION		20b. PLAC	CE DF DISPO		cemetery, cremetory or		COLUN 20c. LO	TBIA,		
1/ Burial 2 Crema 4 Donation 5 Oth	tion 3 Reperify)	emoval from State	_ LOUI	DON PA	ARK CEM	ETERY			TIMO		
22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME CATONSVILLE MD, 21228 23. PART K Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest,											
23. PART & Enter the shock, or	heert fellur	or complications to	ause on each ii	ine.	CAT(ONSVILLE mode of dying, au	MD	21228 rdiac or reapi			Approximate interval Betwo
shock, or	Hitlons, nediate.	a. OUE T	ause on each ii	ARD SEQUENCE C	CAT(ONSVILLE	MD	21228 rdiac or reapi			Approximate interval Betw
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BALTIMORE, MARYLAND 21203-3146

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TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a found to bridge the property of removal	De lined whelm 12 hours after upen with the Case Copy, or negative more appropriate event, the medical examiner must be notified at once.	
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90 27411 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1990 WILLENE **MCFADDEN** 10 04 1:15Pm A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURE 1 - M 2 X F 55 YRS. 04/27/1935 MARYLAND 246-54-4604 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH G.B.M.C.,6701 N. CHARLES STREET DIRECTOR TOWSON BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 4925 ST. GEMMA ROAD 21229 USA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 2 1 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) PERSONNEL ASSOCIATE 2vears STATE OF MARYLAND 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JERRY MCFADDEN EMMA JANE POSTELL 19a, INFORMANT'S NAME (Type/Print) MICHEL E MOFADDEN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4925 ST. GEMMA RD MICHELLE MCFADDEN BALTIMORE, MD 21229 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State METHOD OF DISPOSITION Burial 2 Cremation 3 Removal from State King Memorial Park Baltimore, Maryland 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVE 23. PART I. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart induse. List only one ceuse of each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition METASTATIC BREAST CARCINOMA 1 YEAR resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 M Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 - Nurs ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF GEATH 28a. OATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide datarmined 1 🌃 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL nation and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 90 2 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles Loch treducett MO

Davidson-Randell

1 - FOR STATE REGISTRAR

	Charles Louis Metzger J	r		MONTH DA	1990	5115 P			
	4. SOCIAL SECURITY NUMBER 215-18-3869 5. SEX 6. AGE (in y) 70	rs. lest birthdey) IF UNDER 1 YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-16-20	6. BIRTH Counti	IPLACE (State or Foreign) Md.			
ETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give alrest and number) Francis Scott Key Medical Center		town or location of de Baltimore (i	ATH	9c. COUNTY OF D				
	10a, STATE 10b, COUNTY	10c. CITY, TOWN OF	imone City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	837 South Conkling Street		101. ZIP CODE 21 224		10g. CITIZEN OF V				
	11. MARITAL STATUS 1 Never Merried 2 Married 2 Married 12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE	.S. ARMED 13. W 2 NO H	yea, specify Cuban, Mexical YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACI Blec Spec	E — American Indian, k, White, etc. White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	6e. DECEDENT'S USUAL, OC (Give kind of work done d ilfe. Do NOT use retired.) Machinis:	uring most of working		siness/industry				
come	17. FATHER'S NAME (First, Middle, Lest) Charles & Louis Metzger Si			WE (First, Middle, Melden					
TO BE	180. INFORMANT'S NAME (Type/Print) Margaret J. Metzger	196. MAILING ADDRESS	(Street and Number or Rural F						
	20s. METHOD OF DISPOSITION 20b. P	LACE OF DISPOSITION (Name		20c. LO	cation - City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	40.1	name and address of factories S. Ze	ALL PERSON					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	onsequence of:				Onset and			
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 In Inpellent 2 ER/Outpel	OTHER	26. PLACE OF DEATH (Ch						
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 280. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO		ESCRIBE HOW INJURY OCCURED				
ETED B	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Receive)								
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of					(e) end manner ee str			
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER The way with the signature of the s		29c, LICENSE NUI	MBER 2 86	29d. DATE SIGNE	9 (Month, Day, Year)			
Ĕ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT SOLUTION (A) (1) (1) (2) REGISTRAR'S SIGNAL 31. DATE FILED (Month, Day, Year)	Baltu	me MO						
	31. DATE FILED (Month, Day, Year) OCT 09 1990 Suna Davidson	fanolett							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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ITTENDING PHYSICIAN: The law requires that the death ce	CTOR; After this certificate has been signed by the attending	28 is marked, or Item 23 shows any injury, or of
IR ATTENDING PHYSICIAN: The law requires that the death ce	IRECTOR; After this certificate has been signed by the attending	on 28 is marked, or item 23 shows any injury, or of
L DR ATTENDING PHYSICIAN: The law requires that the death ce-	L DIRECTOR; After this certificate has been signed by the attending	Hours and years with the care opposite them 28 is marked, or Item 23 shows any injury, or of
PITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	RAL DIRECTOR: After this certificate has been signed by the attending	f. If Item 28 is marked, or Item 23 shows any injury, or of
IOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	UNERAL DIRECTOR: After this certificate has been signed by the attending	ANT: If Item 28 is marked, or Item 23 shows any injury, or of
IE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	HE FUNERAL DIRECTOR; After this certificate has been signed by the attending	NHIBIT OF HOUS AND LOCAL WILL DIE CLOSE COST. OF HOUSE AND INJURY, OF OF
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de acted minister. The house door was also have of Washin and Married Ma	De med Willing Z Hours aren beent with the black both. Of hearn and member have been a both the medical examiner must be notified at on IMPORTANT; if from 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at on

	die, Last)		ERTIF	ICALE	OF	DEA	10	REG. NO			3. TIME OF DEATH	
Clara Elizab						4 4 4	DAY 7	EAR	732 b			
4. SOCIAL SECURITY NUMBER 223-10-0682	6. SEX	5. AGE on yrs. In	est birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2-19-09		8. BIRTHP Country	PLACE (State or Foreign	
9a. FACILITY NAME (If not institute		01	-	9b. CITY, 1	TOWN C	DR LOCATI	ON OF DE		-	NTY OF DE		
Mercy Hospit	al al					imor			30.000		AIII	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN OR	LOCAT	ION			-		10d. INSIDE CITY	
Maryland				Balti	mor	e					LIMITS?	
100. STREET AND NUMBER 524 N. Charl	es Street				101	. ZIP COD	£ 1201		S.A.	HAT COUNTRY?		
11. MARITAL STATUS	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT E FORCES? 1 IF VES. GIVE WAR			11	yes, spe	ENDENT (OF HISPAN	NC ORIGIN? (Specify Y		- American Indian, White, atc.		
15. DECEDE	NT'S EDUCATION	18a. D	ECEDENT'S	USUAL OCC	CUPATIO	ON		16b, KIND OF B	USINESS/INI		MILLE	
Elementary/Secondary (0-12)	hest grade completed) College (1-4 or 8	+)	Give kind of e. Do NOT u	work done du se retired.)	iring mo	st of worki	ng					
9th grade			Seam	stres	SS			Haas	& Co			
17. FATHER'S NAME (First, Middle,							ME (First, Middle, Maide	n Surname)				
Theodore Chi			DL 844 H 1816					le Henley Route Number, City or To				
Fred Champio	2117											
20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or Other place) 20c. LOCATION — City or Town, State									rn, Stata		
■ Donation 6 Other (Specify) Meadowridge Memorial Park Elkridge, MD												
Janua 1	22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229										21229	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Dissesse or injury that initiated events resulting in death) LAST									6 mon			
PART II. Other algnificent of	a.	o death but not	resulting	in the und	lerlyin	g cause	given in		DRMED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?	
26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:												
1 TES 2 HO	1 Dinpetient 2	☐ ER/Outpatient	7	4 🗆 Nursi	ng Hom		esidence	6 ☐ Other (Specify)				
	sing	P INJURY Day, Year)		NJURY WO		IJURY AT YORK? YES 2 NO		28d. DESCRIBE HOW INJURY OCCUR			RED	
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1 Netural 5 Pend Pend Pend Pend Pend Pend Pend Pend	id not be 28e. PLACE building	, etc. (Specify)							,			
1 Natural 5 Pence Invertible 1 Natural 2 Accident 1 Natural 2 Nacident 3 Suicide 8 Could detail 29a. CERTIFFER (Check only 1 CERTIFFY)	id not be 28e. PLACE building	g, etc. (Specify)							anner as str		and manner as stated	
1 Natural 5 Pence Invertible 1 Natural 2 Accident 1 Natural 2 Nacident 3 Suicide 8 Could detail 29a. CERTIFFER (Check only 1 CERTIFFY)	Id not be 28e. PLACE building 28e. PLACE build	g, etc. (Specify)				leath occu		time, data and place,	anner as str	he cause(a)	and manner as stated (Morgh, Day, Year)	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country and the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit get be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SION OF VITAL R	TENDING PHYSICIAN: The law ri	OR; After this certificate has been ther death with the State Dept.	8 is marked, or item 23 s
DIVIS	TO THE HOSPITAL DR ATT	TO THE FUNERAL DIRECTL be filed within 72 hours at	IMPORTANT: If Item 2

	1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTH DAY YEAR										3. TIME OF OEATH			
	MARY A. MARSDEN									10	90	6:55 P M		
	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. last		nst birthday)					(Month, Day, Year)	8. BIRTHPLACE (Country)		IPLACE (State or Foreign	
	213-54-23	104				NOUNS MIN		ov 26 18	385		ARYLAND			
OR	Po. FACILITY NAME (If not institution, give street and number) LITTLE SISTERS OF THE POOR CATONSVILLE								F DEAT					
EC	RESIDENCE OF DEC		10c, CIT	Y, TOWN	OR LOCA	TION	_				10d. INSIDE CITY			
	10e. STATE 10b. COUNTY MD					BALT							LIMITS?	
4	10e. STREET AND NUMBER					-	10	, ZIP COOE			10g. CI1	IZEN OF	WHAT COUNTRY?	
ER	2058 E. BE	LVEDER	E AVENUE					21239			U.	S.A.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced						If yes, sp	ecity_Cuben, Me	SPANIC ixican, i pecify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	or No-	Blac	RACE — American Indian, Black, White, etc. Specify: WHITE	
		EDENT'S EDU		16a, D	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLE	
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	17. FATHER'S NAME (First, N FRANCIS P.		EN					V		(First, Middle, Malden				
TO BE	19a. INFORMANT'S NAME (Type/Print)								IUE, BALT			21239	
	20a, METHOD OF DISPOSITION 20				e of olspo	sition (N	me t	metery, crematory	or	20c. LC	Balt	City or To		
	21. SIGNATURE OF FUNERA	RAL SERVICE LICENSEE				22. H	NAME A	ARD FUN). 21207				
	23. PART I. Enter the d		min						_				7. 21207	
CERTIFICATION	IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentielly list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injute initiated events resulting in death) LAS	O (OR AS A CONS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):								Onset end Death			
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X	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSERITAL: OTHER													
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 X Nu		ne 6 🗆 Resider	nce 6	Other (Specify)				
BY PHYSICIAN:	27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 6 Pending 28d. DESCRIBE HOW INJURY OCCURED INJURY M 1 YES 2 ND													
ED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)													
COMPLET	Tornor orny									the cause(s) and me me, data and place, a			e) end manner as stated.	
BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	R James	_				29c. LICENSE			29d. DA	TE BIGNES	P PS	
2	DR. NATARA				, . , ,		AVEN	UE, SU	ITE	#207,BAI	то.,	MD.	21229	
	31. DATE FILED (Month, Day,	Year)	32, REGISTR	AR'S SIGNATURE										
	OCT 09 19	JU g	who Davidso	n-Aandel	2									

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FOR STATE REGISTRAR

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		REGISTRAR		CERTI	TICALE	OF DEATH	REG. NO					
	}	1. DECEDENT'S NAME (First, Middle, Last)	BANCIS	m	RIAF	21TV	2. DATE OF DEATH DOWNTH	W Z	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birthday	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
_		213-01-2350	1 M 2 🗆 F	79 YAS.	MONTHS D	AYS HOURS MIN.	(Month, Day, Year)		hode Island			
3 should		9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	OWN OR LOCATION OF D	EATN	9c. COUNTY	OF DEATH			
6,	DIRECTOR	ST HAMES	HOSP	MAL	LIDY	+CTIM	DRE	Bal	timore			
Pages 1, 2,	EG	100. STATE 10b. COUNTY		10c. C	TY, TOWN OR	LOCATION			10d. INSIDE CITY			
8	PIO	Md, BAli	timore	C	atons	ville, Md			1 YES 2 NO			
	BY FUNERAL	100. STREET AND NUMBER Cha	arlestown	Retire	nent	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
0		711 Maiden CH				21228		U.S				
		11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 📉 NO	lf y	S DECENDENT OF NISPA es, specify Cuben, Mexico	en, Puerto Rican, atc.)	e or No 14	I. RACE — Americen Indien, Black, White, etc.			
ing pi		3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 1 0	YES ZX NO Specif	y:	1	White			
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hospil ached	COMPLETED	Unknown		Sale	sman	1	Machi					
be detach		17. FATNER'S NAME (First, Middle, Last)	~ -				AME (First, Middle, Maider		_			
	BE	James Moria: 190. INFORMANT'S NAME (Type/Print)	LLY	19b. MAILIP	IG ADDRESS (S	Street and Number or Rural	idget M		- d-1			
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leath, Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Duriel 2 Decreation 3 Remo	200	b. PLACE OF DISP other place)		of cemetery, crematory or			y or Town, Blate			
rector, p		4 Donation 5 Other (Specify)			ount (Trematory	Ba	ltimo	re. Md.			
death. Page funeral direct. I.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	ME AND ACCRESS OF FA	CILITY		•			
2 2 2 0		1 Vitar >	8. (No lu	lo-					ndalk,Md.212			
d in by the or removal		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, abock, or heart failure. List only one cause on each line. Approximate interval Between										
		IMMEDIATE CAUSE (Finel			1		,		Onset and Death			
within 2 npletely crematic		disesse or condition reaulting in deeth)	andi	oresp	ira to	rz arv	est					
ite be executed within 24 spician and completely fille prior to burlal, cremation.	_	1 / 2 -	To leas	La La C	OF):	no dise	928.					
n and con to burial,	CERTIFICATION	disease or condition a. Cardio respiratory arrest oue to (or as a consequence of): Sequentielly list conditions, if any, leading to immediate oue to (or as a consequence of): oue to (or as a consequence of):										
hysicia prior	CA	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c	A CONSEQUENCE								
leath certificate be eathending physician mal Hygiene prior to	TIE	that initiated eventa resulting in death) LAST		/								
e death certifica he attending phy Mental Hygiene Ijury, or other	CEF		d									
that the dea led by the att th and Menta any injury,	AL	PART II. Other significant condition	a contributing to death i	but not resultin	g in the unde	erlying ceuse given in	Part I. 24s. WAS AI	HAUTOHEY RHEDY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
uires that the signed by the Health and was any in	EDICAL	-					1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?			
requires been sign of Healt							—]		1 TES 2 NO			
has been Dept. of 23 sh	AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATN (C	heck only one)		1			
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or Item 23 sho	PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	g Nome 5 - Residence	U LUIT EAT					
Sicilal s certiff th the d, or	HY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		_	Sc. INJURY AT WORK?	26d. DESCRIBE NOW	INJURY OCCU	RED			
NG PHYSI fer this c eath with marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation	(monn, buy, row)			1 YES 2 NO						
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept. 128 is marked, or item 23	ED	3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, fam pcify)	ı, street, factor	y, office	28f. LOCATION (Street City or Town, State		Rural Route Number,			
TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Item 28 is mark	Ē	20. CERTIFIER										
TAL O	COMPLET	(Check only	CIAN: To the best of my know						l. cause(e) end manner as stated.			
HOSP FUNEI Within		29b. SIGNATURE AND TITLE OF CENTYRES				29c. LICENSE NU		,				
THE SECTION	BE	> Virix II II II II	LETIDENT .	MEDIG	NE	29C. LICENSE NO	IMDER	29d. DATES	BIGNEO (Month, Day, Year)			
5 5 3 ₹	2	30, NAME AND ADDRESS OF PERSON WIN		FATN (ITEM 27) (%	ne Print)							
		ELHER E. HUEY	UM AIL	. S	+ DEN	es Aot b	TEDE					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
		OCT 09 199	1 Julia David	son-Rund	20				DHMH.18 Rev 1/8			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DHMH-16 Rev 1/89

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21203-3146	ni or minden physician.	rifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 about the contraction of the attending physician and completely filled in by the funeral community, or removal.	100
BALTIMORE, MARY AND	Page 6 may be retained by the setup	director, page 5 should in defactor	er must be notified at appe.
	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page is may the minimum to make	nd completely filled in by the funeral bunal, cremation, or removal.	r Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
: VITAL RECORDS, P.O. BOX 13146,	iires that the death certificate be ext	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ws any injury, or other trauma
DIVISION OF VITAL RE	TENDING PHYSICIAN: The law requ	TOR: After this certificate has been after death with the State Dept. of h	28 is marked, or Item 23 short
DIVI	TO THE HOSPITAL DR AT	TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

1. DECEDENT'S NAME (First, Middle, Last)			En.			DEA	,	2. DATE	OF DEATH	W .	YEAR	3. TIME OF DEATH
		THOMAS						10	-	- 19		
4. SOCIAL SECURITY NUMBER 212-05-227.0 ^	S. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	HOURS	R 24 HRS.	(Month	Pay, Year)		8. BIRTN	PLACE (State or Foreign y)
		89	ins.		T101101	11.0	ION OF SE	-	1-190	-	TY OF D	MARYLAND
90. FACILITY NAME (If not institution, olve at		- 1			-		ION OF DE	ATH .	•	1.3	3 14	
ST JOSEPH HOSE	TTAL	ar l		TO	WSO!	N		V.	-	BA	LTI	MORE
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY LIMITS?
MD. BALT	TIMORE		BA	LTI	MOR	E	(R	ODGE	RS FO	ORGE)	1 TES 2XXNO
10e. STREET AND NUMBER					10	r. ZIP COD	E			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
231 RODGERS FO								212			U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN 1.S. AR	MED				OF NISPAN		? (Specify Yes licen, atc.)	or No-		— American Indian, c, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TES	2 NO	Specify	<i>/</i> :			Speci	WHITE
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e, DE	CEDENT'S	USUAL O	CCUPATIO	ON ost of work	ina	16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Ma	Do NOT us	se retired.)								
12	4			ENG	GIN:	_			IARTI		RIE	ГТА
17. FATHER'S NAME (First, Middle, Last)						7		33, 14,	fiddle, Malden	Surneme)		
HARRY J. MAXV	VELL						ARY :					
19a. INFORMANT'S NAME (Type/Print) E. THOMAS MAX	WEI.IT								IMORI			1212
20g. METNOD OF DISPOSITION		20b. PLACE	OF DISPO					דתטי		CATION —		
M Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	other pla		THE	DRAI	L CE	MET	ERY	ERY	BALT	IMOI	RE, MD.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		٨				ESS OF FA					
1 Edwar M	N. C	Lein	M						NS AN			MD.21212
Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOUE TO	O (OR AS A CONSECUTION OF	OUENCE O	9								
PART II. Other algnificent condition	a contributing to	o death but not i	reaulting	in the u	ndertyln	ig ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	240	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	OEATH (Ch	neck only or	10)			
1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 Nu		ne 5 🗆 I	Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR IN	ME OF JURY	W	JURY AT ORK? YES 2		28d, OE	CRIBE HOW	INJURY OC	CUREO	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE building	OF INJURY — At he p, atc. (Specify)	ome, term,	street, fac					ATION (Street or Town, State)		r or Rural	Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	20.					29c. LI	CENSE NU	MBER	-	29d. DAT	E SIGNE	(Month, Day, Year)
namasalul	Tho	ISTAFF	m	D		D	305	263		•	10-	8-90
30. NAME AND AGORESS OF PERSON WN FRANCIS T. K	O COMPLETED CA	ISE OF DEATH (ITE	M 27) /7m	e Print)	5	7- J			чоѕрі	TAL		
31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE					J		0			
OCT 0.9 1990	gelia L	avidson-18	ndett									

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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•	FOR STATE OF MARYLANI STATE REGISTRAR			HEALTH AND N F DEATH	MENTAL HYGIEN REG. NO		90	27417			
)	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH OCTOber 8	¥ 100	YEAR 3. T	1:07 A			
	Eugene Cleveland MOATS 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In your	s. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 199		DE (State or Foreign			
	229-34-8866 1⊠M2□F 5		MONTHS DAY		(Month, Day, Year) Aug. 28	193	Country)	rginia			
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOW	N OR LOCATION OF DE		9c. COUN	TY OF DEATH				
OR	Franklin Square Hospital		R	ossville		Bal	timore	:			
EG	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d	. INSIDE CITY LIMITS?			
ā	Md. BAltimore		M	iddle Ri	ver			YES 2 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 501 Compass Road			101. ZIP CODE 21220		10g. CITI	ZEN OF WHAT	COUNTRY?			
ONE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	S. ARMED		ECENDENT OF HISPAN	IC ORIGIN? (Specify Ye	n or No—	USA 14. RACE - A	American Indian,			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES			specify Cuban, Maxican ES 2 X NO Specify			Black, Wh Specify:				
	15. DECEDENT'S EDUCATION 16.	n. DECEDENT'S	USUAL OCCUP	ITION	16b. KIND OF BU	SINESS/IND		Vhite			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +)		work done during se retired.)								
MP	7 t.h	Seli	-Empl			A. COSIN.					
8	John Floyd Moats				ME (First, Middle, Meiden ie Emma		one				
TO BE	19a. INFORMANT'S NAME (Type/Print)			et and Number or Rural F	Route Number, City or Tox	rn, State, Zip	Code)				
F	Virginia Moats							and 21220			
	20a. METHOD OF DISPOSITION 1 Diurial 2 Cremation 3 X Removal from State 4 Donation 8 Other (Specify)	ace of bispo or place) otten	Chape	cometery, cremetory or l Cemete	r v		City or Town,	Virginia			
	TO NATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FA	CILITY		WESC	VIIGINIA			
	Connelly Funeral He	me	, Con	nellyFun	eralHome	300M	AceAv	re.21221			
	23. PART I. Enter the displaces, or complications that caused the		not antar tha	moda of dylng, suc	h as cardiac or resp	Iratory arr	rest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	100	VI 5	. An	NIT			Onset and Death			
	resulting in deeth) a	INSEQUENCE O	Pi	00	V 0/06		-				
Z	Sequentially list conditions, Due to (on as a consequence of): Due to (on as a consequence of):										
ATIC	If any, leading to immediate cause. Enter UNDERLYING	INSEQUENCE O) M								
FI	CAUSE (Disease or injury thet initiated events	SEQUENCE O	F):/	/anh	1	7	1				
CERTIFICATION	reaulting in deeth) LAST	who	In	PHY	July M						
CAL	PART II. Other significant conditions contributing to death but	not resulting	In the underl	ing cause given in	Part I. 24a. WAS AI PERFO		AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO			
MEDIC		_			1 □ YES	2 NO	DF	MPLETION DF CAUSE DEATH?			
N.					-		11	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			PLACE OF DEATH (Ch	eck only one)						
IYSI	1 TYES 2 NO 1 Inpatient 2 DER/Outpatie			iome 5 Residence		W. III W. 0.0	011000				
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)	28b. TII	JURY	WORK?	28d. DESCRIBE HOW	INJURY OC	CURED				
D BY	2 Accident investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY building, sic. (Specify)	At home, ferm,	street, factory, o	ffica	281. LOCATION (Street City or Town, State		r or Rural Route	Number,			
ETE	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination are							d manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M	WW	29c. LICENSE NUI		29d. DAT	E SIGNED (Mo	rith, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH					1000	ts.				
	Marvin Rombro, M.D. 11. DATE FILED (Month, Day, Your) 12. REGISTBAR'S SIGNATU		5 Fuse	age Ave.,	Balto.	21220					
	OCT 09 1990 Julia Sevidson Randal	-									
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DHMH-16 Rev 1/89

District Co.

DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the comment of the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the standing of person and	d within 72 hours after death with the State Dept. of Health and Me I have prior to	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other malmal	
	TO THE HOSPI	TO THE FUNES	be filed within	IMPORTANT	
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	1 - STATE REGISTRAR	SIAIE UF M			ICATE					EG. NO.	Ľ	91	0 2	1415
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF S	EATH			3. TIME OF	DEATH
	Joseph Benj	amin M	ullins						Oct.	2,1	990	YEAR		M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	irthday)	IF UNDER		IF UNDER	24 HRS.	7 DATE OF B	нтя		8. BIRTH Countr	PLACE (State	or Foreign
	403-09-5637	1 € M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV . 2	5,1	916		entud	cky
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN 0	R LOCATIO					NTY OF D	EATH	•
8	7921 Roxbury	Drive				Gl	en E	Burn	ie		1	Anne	Art	undel
5	RESIDENCE OF DECEDENT													
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	,	.,							10d. INSIDE LIMITS	7
	Md.	Anne Ar	unael		GI		Burr						1 TYES :	
34	10e. STREET AND NUMBER	n. de-				10f	ZIP CODE				10g. CIT		VHAT COUNTI	RY?
FUNERAL	7921 Roxbury				T		210						SA	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	YES 2 1000				13. WAS DECENOENT OF HISPANIC ORIGIN: If yea, specify Cuban, Maxican, Puarto R 1 ☐ YES 2 ▼ NO Specify:				or No	Speci	- American c, White, stc.		
	15. DECEDENT'S EDU (Specify only highest grade				USUAL OC			10	16b. KIN	O OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hie. D	o NOT u	se retired.)									
M M	9th		S	hip	bui	lde	r							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl		-			
BE	Henry Clint	on Mull							ie D					
2	19a. INFORMANT'S NAME (Type/Print)		196. (Poute Number, C	,	.,			1100
	Shannon Hughe	S							d Mil					1108
	20a. METHOD OF DISPOSITION 1 Description 1 Regression 1	ioval from Stata	20b. PLACE OF	n)	sition (Na AWN							City or To	e Md.	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE -	Uak	/ 11/			D ADDRE		CILITY	Ь	AIC.	LINOL	e Mu	•
	· Consell	Vtune	ral H	M	10	onn	elly	7 Fu	neral	. Но	me o	of D	unda:	2 Ik
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that	coused the deat	h. Do	not anter	the mo	de of dy	ing, sucl	h ss cerdiac	or respi	iratory sr	rest,		oximste rai Between
		-11 17-3-				,								t and Death
	disease or condition reaulting in death)	Isu.	he mic		Car	di	5m4	OP	nthy				40	lars
•	DUE TO (OR AS A CONSEQUENCE OF):													
NO	disease or condition reaulting in death) Sequentielly list conditions, fram, leading to immediate Sequentielly list conditions, fram, leading to immediate													
CERTIFICATION	If any, leading to immediata causa. Entar UNDERLYING	DOE O	OR AS A CONSECU	ENCE U	r):									
E C	CAUSE (Disesse or injury that initiated events	c. OUE TO	OR AS A CONSEOU	ENCE O	F):								+	
H	resulting in death) LAST	97												
CE		d												
AL	PART II. Other significant condition	ns contributing to	daeth but not res	uiting	in the ur	darlyin	g cause g	given in	Part I. 24	PERFOR	AUTOPSY	24b	WERE AUTOF	PRIOR TO
음									10	YES 2	1 NO		OF DEATH?	OF CAUSE
ME									_				1 TES	2 □ NO
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Ch	eck only one)					
YSI	1 TYES 2 NO	1 - Inpetient-12	ER/Outpatient 3		4 🗆 Nur	sing Horr	\rightarrow	ealdenca	6 Other (Sp					
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY ay, Year)	28b. TIA IN	JURY	WC	URY AT		28d. DESCRI	BE HOW I	NJURY O	CURED		
ВУ	2 Accident Investigation						YES 2	NO						
	3 Suicide 6 Could not be		F INJURY — At homate. (Specify)	e, ferm,	street, faci	ory, offic	•		281. LOCATIO	N (Street wn, State)	and Numbe	or Plural i	Route Number,	
COMPLETED														
1PL	(Orlock Only	ICIAN: To the best of												
Ö	2 MEOICAL EXAMIN	ER: On the basis of an	temination and/or im	restigati	on, in my c	pinion, c	leath occu	red at the	time, date and	place, ar	nd due to t	the cause(a) and menne	r an stated.
BE (29b. SIGNATURE AND OTTLE OF CERTIFIE	R	Qu.				29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day,	Year)
	72	~~~	Tim	0			D	19.	5/2		> /	10-	6-90)
2	30. NAME AND ADDRESS OF PERSON W	1	OF DEATH (ITEM		-		2.4	0	mie -	MA	3	10	/ .	
		coy.	SUFFE	20	6,	9	Ran	Bur	mil.	11/3	ت ر	40	6/	
	MITTATE FILEO (Month, Day Year)	32. REGISTRA	R'S SIGNATURE											
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death of Attain by Louded within 24 hours after death. Page 6 may b	TO THE FUNERAL DIRECTOR. After this certificate has been algored by the attending physician and completely filled in by the funeral director, pages and water. To have about about the form that has the many physician popular of hashing been about the companies.	

	- ZEAKE	MOIII TIPE		2. DATE OF DEA		3. TIME OF DEATH						
ZEAK		MULTIRE!		10	6 9	0 6.12						
248173378	1 2 F	90 YRS. MO	UNDER 1 YEAR IF UNDER 24 HF	(Month, Day, Ye 11/11/	1900 S	BIRTHPLACE (State or Foreign Country) CAROLINA						
	JOHN HOPKINS HOSPITAL - NORTHWOOD BALTIMORE, MARYLAND											
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY						
MARYLAND		BALT	IMORE, MARYLA	ND		1 YES 2 NO						
1200 N. AUGUSTA A	AVE, BALTIM	ORE, MD.	10f. ZIP CODE 21229		10g. CITIZE	EN OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	NIN U.S. ARMED S 2 X NO DATES	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 X NO S	xican, Puerto Rican, et	c.)	I4. RACE — American Indian, Black, White, etc. Specify: BLACK							
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	16b. KIND 0	F BUSINESS/INDU	STRY							
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, M	laiden Sumame)							
PETER MO	ULTIRE		CL	ARA BER	KLEY							
19a. INFORMANT'S NAME (Type/Print)		DRESS (Street end Number or R	and the second second									
LOUISE M. GREENE		1200 N.	AUGUSTUS AV	E, BALTIM	ORE, MAR	YLAND 21229						
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Suppl)	val from State	BETHLEHEM	BAPTIST CHUR	CH CEM.	ALVIN, S	ty or Town, State CAROLINA						
21. SIGNATURE OF UNERAL SERVICE LICE	Oli	>	ESTEP BROTH 1300 EUTAW	ERS FUNER	AL HOME,	P.A MD. 21217						
	•	//CRH(PNE	UMUI	VIA							
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	PNE	UMOI	N/4							
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician	in 24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-timited	sity filled in by the funeral director, page 5 should be detached for use as the burial-times
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	lation, or removal.

RE, MARYLAND 21203-3146

FOR

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE CATE OF D	ALTH AND I	MENIAL HYG REG		90	2742			
į	1. DECEDENT'S NAME (First, Middle, Last)	Dowey	McCann	_		2. DATE OF DEA MONTH	06 9	5 121	OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-16-2355	6. SEX 8. AC	69 YRS. 1	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye		COUNTY ON 4	ANC			
	9a. FACILITY NAME (If not institution, give a Single Hosp) RESIDENCE OF DECEDENT	ital		Balt	D Md	Be. COUNT	BG TIMBLE LITY					
	10e. STATE 10b. COUNT	altimore (BOLTO	City			10d. INSI LMI 1 YES				
	10e, STREET AND NUMBER	d Ave		101. 2	ZIZ	5	10g. CITIZE	OF WHAT COU	NTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR STREET YES, GIVE WAR DE	ES 2VINO	If yes, speci		HC ORIGIN? (Speci n, Puerto Rican, et v:		4. RACE — Americ Black, White, e Specify:	can Indian, ic.			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S U. (Give kind of wo life. Do NOT use Roof	rk done during most retired.)			fing	STRY				
	17. FATHER'S NAME (First, Middle, Lest)	Cann, Sr				ME (First, Middle, M	falden Surname)					
	Russell Mc Cann, Sr Ratie Mc Cann Station Ration											
	20s. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE-M	MALE HAR	as)	Burgee		s Funer	al Hom		2121			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	d	h but not resulting in	the underlying	ceuse given in	Pi	AS AN AUTOPSY ERFORMED? YES 2 NO	OF DEATH	E PRIOR TO TON DF CAUSE			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		,		CE OF DEATH (Ch	eck only one)						
	1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:								
	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME INJU	RY WOR		28d. DEŞCRIBE	HOW INJURY OCCU	JRED				
	3 Suicide 8 Could not be datermined	28a. PLACE OF INJ building, etc. (URY — At home, farm, str Specify)	reet, factory, office		28f. LOCATION (: City or Town,	Street end Number o State)	r Rural Route Num	ber,			
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
	296. SIGNATURE AND TITLE OF CERTIFIE	in MD			29c. LICENSE NUI	928	29d. DATE	SIGNED (Month, D	ey, Yber)			

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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d.	C Da		st p	l
-) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diregtor, page 5		E	ı
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THE HOOLINE OF SECTION OF THE PROPERTY OF THE	出	s filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	POF	١
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OCT 09 1990

		OINIE OI II	MAHYLAI				EALTH AND I	MENTAL HYGIE REG. N		90	2742
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
MELVIN NO	VAK (M	elvin J.	Nova	ık)				10 04	1990	TEAR	4:10 P
4. SOCIAL SECURITY NUME		6. SEX		yrs. last birthda		R t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	IPLACE (State or Foreign
214-01-5312		12 XM 2 - F	75	YRS	MONTHS	DAYS	HOURS MIN.	4-17-15		11000	ilto. MD.
9a. FACILITY NAME (If not in	natitution, give at	reet end number)			9b. CIT	Y, TOWN C	OR LOCATION OF DE	ATH	9c. COL	NTY OF E	EATH
THE JOHN	S HOPK	INS HOSP	ITAL		BAI	LTIMO	RE		BALT	IMOE	RE CITY
RESIDENCE OF DEC	CEDENT								1		
10a. STATE	10b. COUNTY	,		t0c. 0	HY, TOWN	OR LOCAT	TION				tod, INSIDE CITY LIMITS?
MD.					Bal:	timoi	ce				t 🔀 YES 2 🗌 NO
10e. STREET AND NUMBER						t01	ZIP CODE		tog. CIT	ZEN OF	WHAT COUNTRY?
4203 Sha	mrock.	Avenue					21206	,)		U.S	S.A.
1t. MARITAL STATUS		12. WAS DECEDEN			t3			IIC ORIGIN? (Specify	fee or No-	t4. RAC	E — Americen Indien, k, White, etc.
t Never Married 2		FORCES? 1					ecify Cuben, Mexica *** NO Specify	n, Puerto Ricen, etc.)		Spec	
3 Widowed 4 Divo	rced										White
ts. DEC	EDENT'S EDUC	CATION completed)	-	16a. DECEDEN	'S USUAL	OCCUPATIO	ON ast of working	teb. KIND OF	USINESS/IN	DUSTRY	
Elementary/Secondary (T .	College (1-4 or 8	+)	Me. Do NO	use retired.)					
9th Gra	de			FActo	ry (1	Line)		Gene	cal Mo	tors	3
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)		
Anthony		Nova	k				Bla	ınch	Ţ	Whee]	ler
tee. INFORMANT'S NAME (Type/Print)			t9b. MAIL	NO ADDRE	SS (Street	and Number or Rural i	Route Number, City or	own, Statu, Z	p Code)	
Mildred	J. Nov	ak		420	3 Sha	amroc	k Avenue	Balto. 1	1d2	206	
20e. METHOD OF DISPOSIT	ION				POSITION (Vame of ce	metery, cremetory or	20c.	LOCATION -	- City or T	own, State
1 Donation 6 Other		ovel from State		Holv R	Edeer	ner (Emetery		Balt	more	MD.
21. SIONATURE OF FUNERA		CENSEE /					ND ADDRESS OF FA	CILITY			
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Day	lien	M. The	ysi	Ry		John	C. Mille	er, Inc.	Balt	more	,Md2120
	neart fallure.	complications the List only one car			o not ante	er the mo	ode of dying, suc	h se cardiac or re	piratory s	rrest,	Approximate interval Bat Onset and I
IMMEDIATE CAUSE (Fi	nal	Dage	- A/	a) Cit	10/1	coll	CONTINA	ma of the	111110		/ / /
resulting in death)	→	a.	11/2	CONSEQUENCE		COL	GIUTO	אר ויי אר	- IUIC		641
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Sequentially list condi-		b. Due To	(OR AS A	CONSEQUENCE	OE)						<u> </u>
If any, leading to imme			(0.1.1.0		,.						İ
CAUSE (Disesse or Inje		c. DUE TO	OR AS A	CONSEQUENCE	OFI:						+
thet initiated events resulting in death) LAS	ST		(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		,						
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PART II. Other signific	ant condition	s contributing to	death bu	it not reaultii	g in the	underlyln	g cause given in		AN AUTOPS	24	b. WERE AUTOPSY FINI
									ORMED?		AVAILABLE PRIOR TO COMPLETION OF CA
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	TO MEDICAL						LAGE OF COLUMN				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТН		LACE OF OEATH (C)	seck only one)			
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	t III-Mpatient 2			4 4 N	ER: ursing Hor	ne 6 🗆 Residence	6 Other (Specify)			
25. WAS CASE REFERRED EXAMINER? t YES 2 100 27. MANNER OF DEATH		t III-Impatient 2			TIME OF	ER: ursing Hor 28c. IN	ne 6 Residence JURY AT DRK?		W INJURY O	CCURED	
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25. WAS CASE REFERRED EXAMINER? t YES 2 NO 27. MANNER OF DEATH t Netural 5 2 Accident 3 Suicide 8] Pending	28e. PLACE	F INJURY Day, Year)	28b. — At home, far	TIME OF INJURY	ERt: lursing Hor 28c. IN. W	ne 6 Residence JURY AT DRK? YES 2 NO	6 Other (Specify)	et end Numb		Route Number,
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 Homicide	Pending investigation Could not be	28e. PLACE	F INJURY Day, Year) OF INJURY	28b. — At home, far	TIME OF INJURY	ERt: lursing Hor 28c. IN. W	ne 6 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO 26f. LOCATION (Sin	et end Numb		Route Number,
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25. WAS CASE REFERRED EXAMINER? t YES 2 NO 27. MANNER OF DEATH t Return 5 2 Accident 3 Suicide 8 4 Homicide 299. CERTIFIER (Check only 1 CERTIFIER (CHeck only 1 CERTIFIER (Check only 1 CERTIFIER (CHeck only 1 CERTIFIER (CHECK ONL) (CHECK ONL) (CHECK ONL) (CHECK ONL) (CHECK ONL) (CHECK ONL) (CHECK ONL) (CHECK ONL)	Pending Investigation Could not be determined	t - Mostlent 2 28e. OATE O (Month). 28e. PLACE building	F INJURY Day, Year) OF INJURY I, etc. (Specified my knowle	At home, far	TIME OF INJURY M m, street, fo	ER: ursing Hor 28c. IN. W t ectory, office	ne 6 Residence JURY AT ORK? YES 2 NO ce	6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sir-City or Town, Si to the cause(s) and	menner ea s	er or Rural	
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1 -	FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND I		YGIENE C	90	27422
1. 0	DECEDENT'S NAME (First, Middle, Last)	A NE	AL		2. DATE OF MONTH		YEAR 3.	TIME OF DEATH
0	SOCIAL SECURITY NUMBER 2/5-01-7753 FACILITY NAME (If not Institution, give s	S. SEX 1 M 2 XF	YRS. MONTHS	1 YEAR FUNDER 24 HRS, DAYS HOURS MIN.	7. DATE OF I	1-1910	Country)	CE State or Foreign
5 -	2011 RUY	Jon AV	E	BAUTI	mor	E		
5	a. STATE 10b. COUNT	(10c. CITY, TOWN	ACTIM	JOR	6	10	LINSIDE CITY LIMITS? YES 2 NO
	STREET AND NUMBER	UXTON	AUE	10f. ZIP CODE			115	A
3 6	MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 24 NO Specify	n, Puarto Rica		4. RACE — A Black, WI Specify:	American indian, hite, etc. Black
17.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (ECEDENT'S USUAL O Give kind of work done le. Do NOT use retired.)	during most of working		andy Sto		
u V	FATHER'S NAME (First, Middle, Last) Vil Williams			18. MOTHER'S NA Lando	ME (First, Midd nia M	le, Maiden Surname)		
	rville Neal			S (Street and Number or Rural I 1 Ave, Bal		MD 21216		
16	P. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ram Donetion 8 Other (Specify)	oval from State 20b. PLACI	Auburn	ame of cemetery, crematory or		Balto.,	MD	State
21.	SIONATURE OF PUNERAL SERVICE LI	ENSEE DE	31 22 P	oseph H. Box 44	Town 33, E	F.H. P.A	A. ID 21	223
III di	IMEDIATE CAUSE (Final sease or condition	List pnly one cause on each lin	10.		h as cardiac	or respiratory arre	et,	Approximate Interval Betwee Onset and Dea
	eulting in death)	a. CAR DIO - MI DUE TO (OR AS A CONSI B. ARTONIO SCLEVO DUE TO (OR AS A CONSI	Fi Law EQUENCE OF:	t disoner				20 4/65
FICA F P B	any, leading to immediate huse. Enter UNDERLYING AUSE (Disease or injury lat initiated events reulting in death) LAST	cDUE TO (OR AS A CONSI						
	ART II. Other algnificant condition	as contributing to death but not		nderlying cause given in		a. WAS AN AUTOPSY PERFORMED?	CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ÿ -	. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)			
Sic _	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nu	R: rsing Home 8 Residence	6 - Other (S	pecify)		
Hd \A8	MANNER OF DEATH Natural 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY OCCU	JRED	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 I building, etc. (Specify)	nome, farm, street, fac	tory, office		ON (Street and Number obwn, State)	r Rural Route	Number,
COMPLETE	and and	ICIAN: To the best of my knowledge, of ER: On the beste of axamination and/o						d manner as stated.
₩ ²⁹⁶	b. SIGNATURE AND TITLE OF CERPITYEE	hobert M)	29c. LICENSE NUI				8. 40
P 30.	NAME ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	1 D250 5 W. BElve	ALMA	GAIN	Md	2/1/1
31.	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	, 43.	3 . 130146	عدورد	ועווטו	, ()	-1 4)

FOR STATE REGISTRAR

executed within OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 35 83

1990

32. PEGATRANT SIGNATURI FUND DEMISSON

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 640 WIN GS SR, 10 2 0 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Ybar) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (St 220 20 YRS. 4-1-01 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not in: 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1 chae DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 / Yes 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4800 Seton physician. burial-transit p A 15 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Neyer Married 2 Married IF YES, GIVE WAR OR DATES Black BY 3 Widowed 4 Divorced or use as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) at of working Elementary/Secondary (0-12) College (1-4 or 5+) urs after death. Page 6 may be retained by the hospital in by the funeral director, page 5 should be detached for ENGINEER 17. FATHER'S NAME (First, Middle, Last) MUTHER'S NAME (First, Middle, Maiden Surname) Samue T BE notified 199 INFORMANTS NAME (Type/Print) 19b. MAILING ADDRESS (St 2 OR 17 medical examiner must be 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetton 20b. PLACE OF DISPOSITION (Nat 3 1 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS 05 completely filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or abock, or heart feliure. List only one cause on each line. Interval Between cremation, or **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition a resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): burial, CERTIFICATION signed by the attending physician and Health and Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TES 2 NO 1 YES 2 NO has been s PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State certificate HOSPITAL OTHER 1 TYES 2 MO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 6 🗆 Residence 6 🗆 Other (Specify) 6 the 27. MANNER OF SEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, (Month, Dey, row)

28e. PLACE OF INSURY — Al home, farm, street, factory, office hadiding, etc. (Specify) 1 Natural 1 YES 2 NO BY death After 2 Accident 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the ba on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNAFUHE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10-3 90 14

0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

27423

or Foreign

REG. NO.

permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

1 -

	1. DECEDENT'S NAME (First, Middle, Last)					-			2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATH	
- 1	EVELYN G.	. I	PROFFITT							ber 5	, 199	90		М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (OF BIRTH , Day, Year)		6. BIRTI Count	NPLACE (State or Fore	sign
	213-16-5594	1 - M 2 - F	91	YRS.	MONTHS	DATS	HOUNE	wint.		. 1,1	899	Ge	ermany	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF E	DEATN	
DIRECTOR	Multi-Medical Cer	nter			TOT	vson					Balt	timo	re	
5	RESIDENCE OF DECEDENT						1741							
뿐	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
		imore		Tow	son								1 □ YES 2 💢 N	10
≅Ι	10e. STREET AND NUMBER					10	I. ZIP COD	E			10g, CIT	IZEN OF	WHAT COUNTRY?	
ijΙ	204 E. Joppa						21204	1			Ţ	J.S.	Α	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR	MED	13.		ENDENT C			? (Specify Yai	or No—	14. RAC Blac	E — American Indian k, White, atc.	١,
BÁ	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES				2 XNO					Spec	ite	
8			1						7.0				rre	
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S two kind of a Do NOT us	work done	during me		ng	16b.	KIND OF BU	SINESS/IN	DUSTRY		
ا 5	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se remed.j									
COMPLETED	12yrs	4yrs.	Nu	rse						ursin				
8	17. FATHER'S NAME (First, Middle, Last)								OX 1 FEB.	Aiddle, Maiden	Surname)			
BE	Henry	Gert			_	_		nelia					pendt	
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
- 1	Mrs. Shirley P. A	Indrews		L563					Ţ	owson				
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	oval from State	20b. PLACE other pl	ace)							CATION			
	4 Donation 5 Other (Specify)		Wood:	Lawn						Wo	odlav	vn, l	Maryland	
	21. SIGNATURE OF FUNERAL BERVICE LI	instry/	///		22	. NAME A	ND ADDRE	SS OF FA	CILITY				1050 Yor	k R
	Tal.	1/			1	Ruck	Tows	son F	uner	al Ho	me, 1	INC.	Towson, M	1d.2
	23. PART I. Enter the disease of shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet mily ane ce		Mu	VI.		ode of dy	ring, suc	h es cerc	llec or reep	iratory si	rrest,	Approxima Interval Be Onset and	tween
L CERTIFICATION	Sequentielly liet conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. DUE TO	O (OR AS A CONSE	QUENCE O	F):	ınderlylr	ng ceuse	given in	Part I.	24s. WAS AP		24	b. WERE AUTOPSY FIN	
MEDICAL	HYPE	R TEN	SIN							PERFO	RMED?		COMPLETION OF C	
	02750								_	1 📋 165	Z [] NO		OF DEATH?	10
_	03160	101(03							- 1				1 123 2 1	
AN	25. WAS CASE REFERRED TO MEDICAL	Γ				26 F	LACE OF I	DEATH (Ch	ack only or	201				
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	T 504	OTHE	R:								
48	1 TYES 2 NO 27. MANNER OF DEATN	28a. DATE C	· · · · · · · · · · · · · · · · · · ·	28b, TIN	-	, ,	ne 5 🗆 R	lesidence		SCRIBE HOW	INJURY O	CCURED		
	1 Natural 5 Pending		Day, Year)		JURY	W	ORK? YES 2	□ NO		,		0001145		
B√	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At he	ome, ferm,	atroot, fo				28f. LOC	ATION (Street	and Numb	er or Rural	Route Number,	
	3 Suicide 8 Could not be 4 Homicide determined	building	g, etc. (Specify)						City	or Town, Stete)			
<u>-</u>	29a. CERTIFIER													
COMPLETED	(Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI												(s) and menner as st	ated.
BE	29b, SIGNATURE AND THE OF CERTIFIE	Llu						ENSE NUI					D (Month, Day, Year)	3
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CA	USE OF DEATH //TE	M 27) (Type	e, Print)		100	,	- 1				73 1	
	Nathan Pasanh					1	Q+	- L C		0 De	144		backmen	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

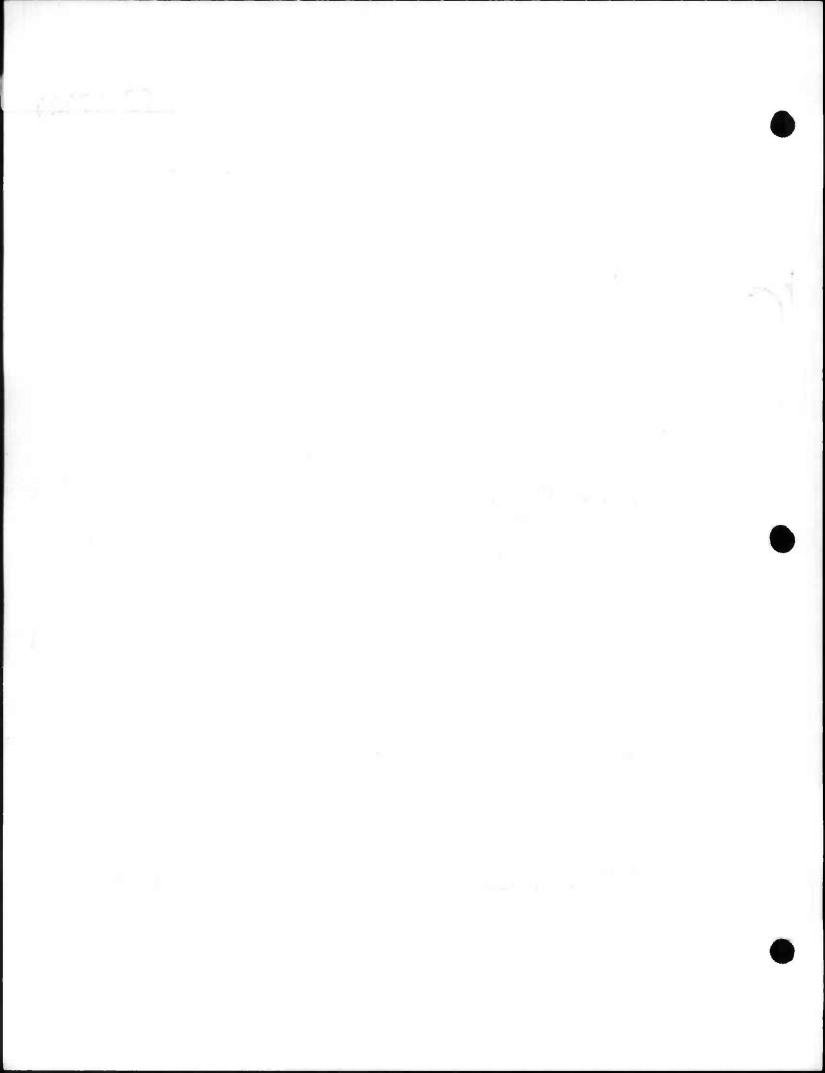
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OCT 09 1990

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DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	B /	AN SHE	
	7	7 7 0 7 2	
	PIT	ERA	
	8	NO.	
	半	単る	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% is after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
	P	2 8	

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

bunial-transit permit. Pages 1, 2, 3 should

STATE	0F	MARYLAND	/ DEPART	MENT OF	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFIC	ATE O	F DEAT	TH.		DEG	MO

90 27425

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.	E	90 27425
1. DECEDENT'S NAME (First, M	oldie, Last)				2. DATE OF DEATH		3. TIME OF DEATH
JAMES	MICHAFI DAL	MISANO			MONTH D	47 1	1:05 p. M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BITTHPLACE (State or Foreign
212-226426	1½ M 2 🗆 F	M	IONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	21	04			3-27-26		Maryland
9a. FACILITY NAME (If not instit	ition, give street and number)	1	36. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH
ST. AGNES RESIDENCE OF DECE 100. STATE Maryland	HOSPITAL		BAI.7	'IMORF .			
RESIDENCE OF DECE							
10a. STATE	Ob. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
			Baltimo	ce			1 YES 2 NO
100. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1827 Wes	t Pratt Street			21223			TI C A
100. STREET AND NUMBER 1827 Wes	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yes	or No.— 14	I. RACE — American Indian, Black, White, etc.
		S 2 NO	If yes, sp	cify Cuban, Maxica	n, Puerto Rican, atc.)		
3 Widowed 4 Divorce	d IF YES, GIVE WAR OR	DATES	1 L YES	2 NO Specify	/:		Specify: White
	ENT'S EDUCATION	16a. DECEDENT'S U	ELIAL OCCUPATION	Al	16b. KIND OF BU	DIMEGO/IMOUG	TDV
(Specify only h	ghest grade completed)	(Give kind of wo	rk done during mo	at of working	100. KIND OF BU	SINESS/INDUS	ini
Elementary/Secondary (0-12					TT C	. Air	Flores
8th grade		Retire	ed Serv	ceman	0.5	· HIL	LOTGE
Sth grade 17. FATHER'S NAME (First, Middle)	e, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
Theodore S.	Palmisano			Acmos	Wheeler		
100 INFORMANT'S NAME (Top)		19b, MAILING /	DDRESS (Street #		Route Number, City or Tow		ode)
Sister Maria	Comptti	000				Md	21221
200. METHOD OF DISPOSITION		900 5	ionth Es	ist Aveni	ie Baltim	ore.	v or Town. State
1 Buriel 2 Cremetion	3 Removal from State	20b. PLACE OF DISPOSIT other place)	ION (Name of cer	netery, cremetory or	20c. LO		
4 Donation 8 Other (S		Garrison	Forres-	Veterar	os Cemeter	V UWI	ngs Mills, Md.
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE						
> Xno.	19 Vinal				iman Funer		
() (05)	ases, or complications that caus		569!	Main S;	reet Elk	ridge,	Md. Approximate
immediate cause (Final disease or condition resulting in daath)	a. POORLY D		TED ADE	NOCARCIN	OMA OF THE	LUNG	Interval Between Onset and Daati
Sequentially list condition if any, leading to immediacause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. WITH MET DUE TO JOH W	A STASES TO S A CONSEQUENCE OF)	REGION	AL LYMPH	NODES.		
							1
PART II. Other algorificent	conditions contributing to death	1 but not resulting in	tha undarlyln	g cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>					1 🔀 YES :	NO NO	COMPLETION OF CAUSE OF DEATH?
월 ▮					Limite	d to	1 (X YES 2 □ NO
2							0,000
Z 25. WAS CASE REFERRED TO	ISOICAL I			ACE OF OEATH (Ch	chest		
EXAMINER?	HOSPITAL:		OTHER:	ACE OF CEATH (C/	eck only one)		
I □ YES 2 □ NO	1 Inpetient 2 ER/O			e 5 🗆 Residence	8 Other (Specify)		
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea			URY AT	28d. DESCRIBE HOW	INJURY OCCU	PRED
C II I I I I I I I I I I I I I I I I I	nding restigation	2		rES 2 NO			
	28a. PLACE OF INJU	JRY — At home, farm, st	reet, factory, offic		281, LOCATION (Street		r Rural Route Number,
	ould not be building, atc. (Starmined	ipecify)			City or Town, State)	
29a. CERTIFIER 1 CERTIF	YING PHYSICIAN: To the best of my kr	lowledge, death occurred	f at the time, detr	and place, and due	to the cause(e) and me	nner se stated	í,
one) 2 MEDIC	AL EXAMINER: On the basis of examina	ition and/or investigation	, in my opinion, o	eath occured at the	time, deta and placa, a	nd due to the	cause(a) and menner as stated.
	e distributes A						0.00000 44 0 14
296 HONATURE AND TITLE O	E) 18/4	1/18		29c. LICENSE NU		N .	SIGNED (Month, Day, Year)
o Margar	a perce ja	V MA		D0999	U	1	.0-09-90
30. NAME AND ADDRESS OF	ERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				
MICHAEL E.	PELCZAR, M.D	ST. AGNES	HOSPIT	AL - 900	CATON AVE	NUE. 2	21229
31. DATE FILED (Month, Day, Ye				,			
OCT 09 1990	gulia Javason-Konk	The state of the s					

ansit permit. Pages 1, 2, 3 should

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) DELORES	(LITZabetil)				2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E. PARRISH	yrs. lest birthday) 8	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF E	1990	a BIRTI	6:28 P M
	216-38-2607	1 □ M 2 🂢 F 4	9 YRS.	ONTHS DAYS	HOURS MIN.	(Morith, De 4/11/	1942		IPLACE (State or Foreign y) ennsylvania
TOR	North Arundel			Glen B		EAIH.		ne Ar	
DIREC		Arundel Co.,		adena	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	100. STREET AND NUMBER 8486 Rugby Roa			101.	21122	2	1 2/2	USA	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE 1960-1962	2 NO	If yes, spe	endent OF HISPAI edity Cuben, Mexica 2 NO Specif	nn, Puerto Ricar		- 14. FIACI Blac Spec	E — American Indian, k, White, etc. White
	15. DECEDENT'S EDU (Specify only highest grade		6a. DECEDENT'S US	SUAL OCCUPATIO	N it of working	16b, KJN	D OF BUSINESS	INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	k done during moi retired.) ker		Do	mestic	Engin	eer
8	17. FATHER'S NAME (First, Middle, Last)	named Daniel			18. MOTHER'S NA				
BE	Melford Ber	nard Bond	T 401 950 910 41	500 CO.	Mary E	lizabe			Bond
5	Mr. Harold Bond		The second second		Avenue,		THE RESERVE OF THE PARTY OF THE		nd 21206
	20s. METHOD OF DISPOSITION	20b. F	PLACE OF DISPOSIT	TON (Name of cen	netery, cremetory or	Daili	20c. LOCATION		
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	restlawn			ns	Marrio	ttsvi	11e. Md.
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY	100		
	1 Xc-8	/		237 F	ly Funer Pataps	ral Hom	e or br	100KTY	n ld. 21225
	23. PART I. Enter the discesses, pr								Approximats
Ė	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirator	y arre	st-p	probable	e app	iration	n	Interval Between Onset and Death Z -ars
7		Chronic C	CONSEQUENCE OF):	Five D	ulmim	1111 (tista:	50	10 yrs
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):				-000		7
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSEQUENCE OF:	ery The	emato	SUS	-		60 yrs
F	that initiated events resulting in death) LAST	2							
CE		d							
MEDICAL CERTIFICATION	PART II. Other significant condition	na contributing to death but	t not resulting in	the underlying	j cause given in		YES 2 NO	/	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC						_			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	heck only one)			
SIC	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		OTHER:	e 5 🗆 Residence		nectfu)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIME	OF 28c. INJ	URY AT		BE HOW INJURY	OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		RK? /ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specif)	At home, farm, str	eet, factory, office		281. LOCATIO City or R	N (Street and Number, State)	nber or Rural	Route Number,
COMPLETED	torion only is	SICIAN: To the best of my knowled							s) and manner as stated,
BE CC	200 OCHTIFE AND TITCE OF CENTIFIE	1			29c. LICENSE NU		29d.		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W			Print)					1-10
	Dr. Marsha Sc	chmidt, M.D. Pr	refession	nal Bui	lding S	ood Sa Suite 2	maritar 00 Bal	to.,	1tal Md. 21239
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE						

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the his TO THE FUNERAL DIRECTOR: After this certificate has been aloned by the attending physician and completely filled in by the funeral director, page 5 should be detailed be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified adjonce. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

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notified

permit. Pages 1, 2, 3 should

be must director, examiner funeral filled in by the fu medical 0 l completely filled irial, cremation, the executed within event. and com o burial, traumatic prior to 1 the attending physician if Mental Hygiene prior to certificate be other 6 the death injury. signed by the Health and N shows any t. of F has b Dept. WE 23 certificate h the State d, or Item OR ATTENDING PHYSICIAN: marked, this c After 90 DIRECTOR: / 28 Hem FUNERAL C within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) EVA MAE PETRASKA 10-02-90 EVA PETRASKA 11:40 4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign 10 20 35 215-32-5101 54 MONTHS DAYS HOURS MIN. 1 - M 2 F YRS. Maryland 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATN 9b, CITY, TOWN OR LOCATION OF DEATH CHURCH HOSPITAL CORPORATION BALTIMORE CITY DIRECTOR N/A RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Anne Arundel Co. LINTHICUM HEIGHTS Md. 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6428 ENGLISH OAK _12090-USA Court 21090 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XX10 14. RACE - American Indian, Black, White, etc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 X Married 1 TES 2XXNO Specify. Specify: BY 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Inc 12th Executive Secretary Transcontinental Properties 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Louis Mahr Frances Barnitz BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Edward Paul Petraska 6428 English Oak Ct., Linthicum, Maryland 21090 20a. METNOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, Stata Glen Haven Memorial Park Glen Burnie, Maryland Donation 5 C Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final several days disease or condition___ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL hemmos rhage 1 TYES 2 NO OF OEATH? Fibrosis palmenary 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
11 Inpatient 2 □ ER/Outpatient 3 □ DOA **EXAMINER?** OTHER: 1 VES 2 NO 4 ☐ Nursing Nome 5 ☐ Realdence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 8 Pending M 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) ETED. 3 Sulcide 8 Could not be 4 Homicide 29a, CERTIFIER COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 24034 10/2/ 2 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (moth hurth MEDISTIAR'S SIGNATURE

13.17.1.02

FOR STATE REGISTRAR

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	REGISTRAN					OAT	_ 01	DEA			EG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Lest)	Por	ERUS	3					2. DATE OF MONTH	DEATH DA	Y	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5, SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER			R 24 HRS.	2, DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
Ì	207-26-312	9	1 🗆 M 2 👾 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	(6, 6)	1919	Country)	nuania
	9e. FACILITY NAME (If not in	estitution, give at	reet and number)			9b CITY	, TOWN	OR LOCAT	ION OF DE	ATH		1) .	NTY OF DE	
HOL	St. AGnes H	ospita.	1			100	14	MOR	E			1301	timo	re
DIMECTOR	10a. STATE Md	10b. COUNTY				y, TOWN alti								10d. INSIDE CITY LUMITS? X 1 X YES 2 NO
FUNERAL	403 S. Ben		Street				10	2122					S.A.	HAT COUNTRY?
Ř	11. MARITAL STATUS 1 Never Married 2 🖔 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	YES 2 X	RMED NO		If yes, sp	ecity Cub		IIC ORIOIN? (S n, Puerto Rica /		or No	14. RACE Black, Specify	American Indian, White, etc.
<u>n</u> /		EDENT'S EDUC		16a. C	ECEDENT'S Give kind of the Do NOT us	USUAL O	CCUPATION MICHAEL	ON ost of work	ing	18b, Kil	D OF BUS	SINESS/INC	DUSTRY	Ta Ta
COMPLETED	Elementary/Secondary (College (1-4 or 5	"	OMEMA									
5	17. FATHER'S NAME (First, M									ME (First, Midd		Surname)		
H H	JOHAS VISO									IA UNK				
2	ANTANAS POD	ERYS		1	9b. MAILING					Route Number, STREE	Г, ВА	ALTO.	, MD	. 21223
	20a. METHOD OF DISPOSIT 1	on 3 🗆 Remo		other	e of dispo- place) on Pa	rk (Ceme	tery				CATION —	City or Tow ORE	rn, State
	21. SIGNATURE OF FUHERA	.65	ensee	4		HU	JBBAI	RD FI		AL HOM			י שמו	MD 21220
-	23. PART I. Enter the d		complications the	it caused the	leath. Do		_							MD. 21229 Approximate
		aart fallure.	List only one cer		10.									Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, land, land, list conditions, land, l	diate	a LUM	OR AS A CONS	MU	1	cy	NUA	(4	Sep	in			•
ERII	resulting in deeth) LAS	т	d)										
MEDICAL	PART II, Other algnifica	ondition	e contributing to	daath but no	t reaulting	In the u	nderlyin	ng cause	given in		e. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL					26. P	LACE OF	DEATH (C)	neck only one)				
200	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 No		me 5 🗆 1	Residence	6 Other (S	pecify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	280. DATE Of (Month,)	F INJURY Day, Year)	28b. Till IN	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCR	IBE HOW	INJURY O	CURED	
	a Davids	Could not be determined		OF INJURY — At , etc. (Specify)	home, farm,	street, fa	ctory, offi	ce			ON (Street lown, State)		or Rural R	oute Number,
COMPLETED	Corneck Orley		CIAN: To the best of											and manner as stated.
	296. SIGNATURE AND TITL							-	CENSE NU					(Month, Day, Year)
TO BE	Celth	our,	11.0	ICE OF DEATH	rem an a	a Dulust		/	239	643		•	101	790
	30. NAME AND ADDRESS O	A	lan'	St.	Ane	e, Print)	hu	tal	9	00	Center	A	er .	Bult 21279
	31. DATE FILED (Month, Day	1990		AR'S SIGNATURE	2.00		1		- 4					7
		1000	4	1	-									DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90

27428

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year) - OCT 09 1990

32. REGISTRAR'S SIGNATURE

al-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND MENTA CATE OF DEATH	L HYGIENE 9	0 27429
	1. DECEDENT'S NAME (First, Middle, Lest)	NITA, H	MONT	OF DEATH YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-20-2735	1 M 2 F 7/ YRS.	HOURS MIN. (MONTHS DAYS DAYS	th, Day, Year) 8-19,19	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give at	Hospital	BAHMORE	Sc. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY	10c. CTTY,	TOWN OR LOCATION - 34/+1MORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	917 BROOK		101. ZIP CODE 21217	u	S A
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ YO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANIC ORIGI If yes, specify Cuben, Mexican, Puerto 1 YES 2 NO Specify:		RACE — American Indian, Black, White, etc. Specific:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		ork done during most of working	b. KIND OF BUSINESS/INDUS	TRY
E COMF	17. FATHER'S NAME (First, Middle, Last) REV. JOHN HA	mond		Middle, Maiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) EMM CH L. F.	30e 8/7 1	ADDRESS (Street and Number of Rural Route Nu	ber, City or Yourn, State, Zip Co	de)
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovel from State 20b. PLACE OF DISPOSI other place) GARRISEN	FOREST VET	CWINES /	Mill Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FACILITY W/M-C-BROWN 1206 W. M	COMMUNITY YOR th	31217
		complications that caused the death. Do not Liet only one cause on each line. Cholony to corcino on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence of the consequence on the consequence of the consequence on the consequence of the con	of enter the mode of dying, such as car \sim		
NOIL	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A CONSEQUENCE OF)	•		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	Ŀ		
ICAL CER	PART II. Other algolificant condition	a contributing to death but not resulting in	n the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
' O					OF DEATH?
Z. ME					
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		28. PLACE OF DEATH (Check only of OTHER: 4 Nursing Home 5 Residence 6 Other		
BY PHYSICIAN: MEDIC	EXAMINER?	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME	OTHER: 4 Nursing Home 5 Reeldence 6 Other Corp. OF 28c. INJURY AT WORK? M 1 YES 2 NO	ner (Specify) ESCRIBE HOW INJURY OCCUR	RED
ETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANMER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined	28a. DATE OF INJURY 28b. TIME	OTHER: 4 Mursing Home 5 Residence 6 Oth OF Zec. INJURY AT WORK? 1 YES 2 NO Ireet, factory, office 281. LO	er (Specify)	RED
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	26a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY 28c. PLACE DF INJURY — At home, farm, at	OTHER: 4 Mursing Home 5 Reeldence 6 Oth COF, TRY M 1 YES 2 NO Inset, factory, office 281. LC CK d at the time, date and place, and due to the c	SECRIBE HOW INJURY OCCUI CATION (Street and Number or yor Rown, State) suse(a) and manner as stated.	Rural Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL CI	EXAMINER? 1 YES 2 NO 27. MANMER OF DEATN 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER A A LALE	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY 28c. PLACE DF INJURY — At home, farm, at building, etc. (Specify) CCIAN: To the best of my knowledge, death occurred R: On the basis of axamination and/or investigation	OTHER: 4 Mursing Home 5 Residence 6 Other Corp. OF 28c. INJURY AT 28d. Di WORK? 1 YES 2 NO NO NO NO NO NO NO	eer (Specify) ESCRIBE HOW INJURY OCCUI CATION (Street and Number or yor Town, State) Buse(a) and manner as stated, te and place, and due to the o	Rural Route Number,

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rector,		must
funeral di		examiner
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed In by the funeral director, page 5 is	or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
/ file	tion,	the
ompletely	al, crema	event,
and c	o buri	matic
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

90 27430

	FOR STATE REGISTRAR	E OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	90 27430
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	John	Perrear		October 6, 1	990 4:05 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	110	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and no	87	, CITY, TOWN OR LOCATION OF DE	8/25/1903	Virginia COUNTY OF DEATH
DIRECTOR	Maryland General Hos		Baltimore City		occurred bearing
EC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY
2	MARYLAND	I	BALTIMORE CIT	Y	1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		. CITIZEN OF WHAT COUNTRY?
NE	1018 LYNDHURST AV	ENUE DECEDENT EVER IN U.S. ARMED	21229		USA
	1 Never Married 2 Married FORG	DECEDER! EVER IN U.S. ANMED DES? 1 YES 2 MO S, GIVE WAR OR DATES	if yes, specify Cuban, Maxican 1 YES 2 XNO Specify	n, Puerto Ricen, atc.)	Black, White, atc.
ВУ	3 Widowed 4 Divorced	S, GIVE HAN ON DAIES	TES 2 KNO Specify		Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
	Elementary/Secondary (0-12) College	(1-4 or 5+) life. Do NOT use re			
MP	17. FATHER'S NAME (First, Middle, Last)	Railro		ME (First, Middle, Melden Surne	
	JOHN PERREAR			NNIE PERRE	,
BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING AC	DRESS (Street and Number or Rural F		
2	JOHN PERREAR, JR.	Contract of the Contract of th			MORE, MD 21229
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from	20b, PLACE OF DISPOSITE	ON (Name of cemetery, crematory or		DN — Cify or Town, Stata
	4 Donation 5 Other (Specify)	WESTERN S	TAR CEMETERY		NSVILLE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10. 1	122. NAME AND ADDRESS OF FACE	ETT & SON	FUNERAL HOME
	Weroit ()	NULTA	4600 LIBERT	Y HEIGHTS	AVENUE 21207
	23. PART I. Enter the diseases, or complicat shock, or heart failure. List only	tions that caused the death. Do not			ry arrest, Approximate
	IMMEDIATE CAUSE (Final	22			Interval Between Onset and Death
	disease or condition resulting in death)	Sepsis 5			42 days
		Preumonia			42 10.0
No.	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):			10201115
E	If any, leading to immediata cause. Enter UNDERLYING	Right Pleural	effusion 1 or)	42 days
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):	Carcinoma	,	
FE	resulting in death) LAST	colonica	at Citiona		
	PART II. Other algnificant conditions contrib	outing to death but not resulting in	tha underlying cause given in	Part I. 24a. WAS AN AUTO	DPSY 24b, WERE AUTOPSY FINDINGS
CAL				PERFORMED	COMPLETION OF CAUSE
				1 □ YES 2 图外	0F DEATH?
2					Tool Start Start
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL.	26. PLACE OF DEATH (Ch	eck only one)	
PHYSICIAN: MEDIC	1 YES 2 X NO 132 Inp		THER: Nursing Home 5 Residence	6 Other (Specify)	
F	27, MANNER OF DEÁTH 28s	(Month, Day, Year) 28b. TIME (INJUR	Y WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED
BY	2 Accident Investigation	. PLACE OF INJURY — At home, farm, stre	M 1 YES 2 NO	PRI LOCATION (Close and N	lumber or Rural Route Number,
B	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	et, factory, office	City or Town, State)	umber of Hural House Number,
COMPLETED	29a, CERTIFIER				
MP	(Check only	the best of my knowledge, death occurred basis of axamination and/or investigation,			The second secon
	29b, SIGNATURE AND TITLE OF CERTIFIER				
BE	KI LILL	K MD	29c. LICENSE NUI		1. DATE SIONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH (ITEM 27) (Type, Pr			, , , , , ,
	- Khudr, Burjak, M.	D. c/o Maryla	and General Hos	pital	
- 1		REGISTRAN'S SIGNATURE			

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DHMH-18 Rev 1/89

	1 - STATE REGISTRAR	TE OF MARYL	CERTIF					MENIAL	REG. NO.			47401
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR								3. TIME OF DEATH			
OR	HARRY 4. SOCIAL SECURITY NUMBER 5. SEX						10 4 1		990	11:15 Pw		
			(In yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	18.6			Country)	VIRGINIA
	9a; 6023 Tighlan Cingle		0	9b. CITY, TOWN OR			ON OF DE				9c. COUNTY OF DEATH	
	5923 LOCHLAN C	31.							BALTIMORE			
ដ្ឋ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c, CITY, TOWN OR LOCATION							i i	IOd. INSIDE CITY
DIRECTOR	MD. BALTIN	MORE									1	LIMITS?
FUNERAL	5923 Lachlan Circle			10f. ZIP CODE							IZEN OF WH	IAT COUNTRY?
			21239							U.S.		
5	1 Name Mandad 2 M Mandad FO	S DECEDENT EVER	ES 2 NO If yes, specify Cuben, Mer			n, Mexica				14. RACE - Black,	- American Indien, White, etc.	
E E	3 Widowed 4 Divorced	W.W.II	T TES 2 K NO Specific							Specify	HITE	
COMPLETED	(Specify only highest grade completed)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				18b.	18b. KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondary (0-12) Colleg	1		IAN				APPLIANCES			S	
8	17. FATHER'S NAME (First, Middle, Last)								-			
BEC	HARRY S. PAMPLIN	N SR.			[В.				
2	190. INFORMANT'S NAME (Typos/Print) CAROL J. PAMPLIN ((uree)	196 65	23]	Lach	ılan	ral F	Route Numb	BALTC	n, State, Zi	ip Code)	2 3 0
	200, METHOD OF DISPOSITION		b. PLACE OF DISPO					TE I			- City or Tow	
	1 X Buriel 2 Cremation 3 Removat from	m State	DÜLÄNEY	VAL	LEY	CE	METE	ERY				LE,MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LICATORY IN LICATORY 23. NAME AND ADDRESS OF FACILITY LICATORY IN LICATORY 24. NAME AND ADDRESS OF FACILITY											
	R. H. Kutt	1		4	905	YO	RK F	RD.B	ALTO.	MD.	2121	1.2
	23. PART I. Enter the diseases, or complice shock, or hasn't fellure. Liet on			not antar	tha mod	da of dy	ing, suc	h as card	lec or reepi	ratory e	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	. 4		1.1	1	,	1					Onset and Death
	disease or condition resulting in death) a. Acute myseadul infarction DUE TO (OR AS A CONSEQUENCE OF):									minula		
z	chrome rend below											5 mmth.
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate											
PIC C	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE O	SEOVENCE OF):									
E	resulting in death) LAST		**************************************									
	PART II. Other aignificant conditions conti	ributing to death	but not resulting	in the ur	nderlylng	cause	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
ICAL	Cancer of colon							_	PERFOR		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	alspecher's Dising								1 🗆 YES 2 🖯 NO			
ž	-											
PHYSICIAN: MED		PITAL:		OTHE	R:	\$7		eck only on				
HYS		spetient 2 - ER/Ou	28b. Til	WE OF	28c, INJ	URY AT	sidence	5 C Other	(Specify)	NJURY O	CCURED	
ВУ Р	1 Natural 5 Pending (Month, Dec		IN	JURY M	WORK? 1 YES 2 NO							
	3 Suicide 8 Could not be	8e. PLACE OF INJUF building, etc. (Sp	JURY — At home, farm, street, factory, office (Specify)				28f. LOCATION (Street end Number or Rural i City or Town, State)				oute Number,	
ETE	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only Ohe) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and due to the cause(e) and manner se stated.											
	29b. SIGNATURE AND TIXE OF CERTIFIER					29c. LICENSE NUMBER			enu piace, ei	29d. DATE SIGNED (Month,/Day, Year)		
BE	AND SIGNATURE ARE STOCKHITTEN							22		10/1	10 5 90	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								1			
	Richard C. Habersat M.D. 120 Sister Pierre Drive, Towson, Md. 21204											
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIG	INATURE									
10			, , , , , , ,		ter					Owe	OR M	d 21204
	31. DATE FILED (Month, Day, Year)	Z. REGISTRAR'S SIG	INATURE									

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital of attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the time.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

permit. Pages 1, 2, 3 should

_	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) Nark Raymond PLASAJ, SR. 2. DATE OF DEATH DAY 1990 YEAR 11:50 P								
JH.	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAYS HOURS MIN. WONTHS DAYS HOURS MIN. 1 M 2 F 8. BIRTNPLACE (State or Foreign Country) Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country								
	90. FACILITY NAME (If not institution, give street and number) FRANKLID SQUARE HOSPITAL Baltimore								
5	RESIDENCE OF DECEDENT								
DIRECTOR	100. STATE 100. COUNTY 100. COUNTY 100. COUNTY 100. STATE 100. COUNTY 100. INSIDE CITY LIMITS? 1 U YES 2 INO								
UNEHA	100. STREET AND NUMBER 101. ZIP CODE 2 1237 109. CITIZEN OF WHAT COUNTRY? USA								
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 Tes 2 No 14. RACE - American Indian, Black, White, stc. 12. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, give War Or Dates 13. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify Cyban, Maxican, Puarto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 12. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 12. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 13. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 14. RACE - American Indian, Black, White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 14. RACE - American Indian, Black, White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify Yea or No - If Yes, specify: White, etc. 15. Was Decenoent of Hispanic Orligin? (Specify: Yea or No - If Yes or								
3	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
9	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use retired.)								
OMP.	17. FATHER'S NAME (First, Middig, Last) 18. MOŢNER'S NAME (First, Middig, Maiden Surname)								
- 1	STEVEN PLASAS HELEN								
DE.	19a) INFORMANT'S NAME (Type/Pring) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	HENRIETTA PLAJAJ 1988 E. 315T. STREET BALTO., MD. 21037								
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of camalory, crematory or Short Company) 20c. LOCATION — City or Town, State CARDENS OF FAITH 20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE., BALTO., Mb. 21237								
\dashv	23. PART I. Enter the diseases, or complications that details. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate								
	ehock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Left Hemispheric Stroke								
2	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
N N	If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	thet initiated eventa resulting in death) LAST d.								
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
EDICAL	PERFORMED? AMLABLE PRIOR TO COMMETTING DE CAMPE								
	DF DEATH?								
2	1 TES 2 NO								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
2	EXAMINER? HOSPITAL: OTHER:								
-	1 YES 2 NO 10 Inpetiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 2sc. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED								
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?								
2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation									
								29a. CERTIFIER	
COMPLETED	CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 10-4-90								
=	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)								
	Ralph Leon, M.D. 9000 Franklin Sq. Dr., Balto. 21237								
	11. DATE FILEO (Month, DA, 1867) ACT 09 1990 Julia Davidson-Randell								
	OCT 09 1990 Julia Davidson-Randelle								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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LTIMORE, MARYLAND 21203-

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 0790 WONTH DAY YEAR Parks Richard CT10 +2073 9:30 Am Z 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) it permit. Pages 1, 2, 3 should HOURS 218 26 6384 8 1 M 2 | F YRS. 04/12/92 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Boy Univ. of Mari Maryland DIRECTOR timore HOSP.ta 10a. STATE 10b. COUNTY 10c. CITY, TOWN OP LOCATION 10d. INSIDE CITY Baltimore MD 1 PES 2 NO 25 N. Poppleton FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21201 U.S. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced specify: white BY hospital or attending ETED 88 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY use funeral director, page 5 should be detached for intary/Secondary (0-12) COMPL 5 vrs Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the Parks Thomas notified at EMMA BE Foster Et 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy Fisher 7007 Cresthaven Drive Glen Burnie, Md. 21061 9 20s. METHOD OF DISPOSITION
1 Burlel 2 SCremation 3 Remov
4 Donation 5-1 Other (Specify)
21. SIGNATURE OF FUNERIAL SERVICE LICE 20b. PLACE OF DISPOSITION (Name of com 20c. LOCATION - City or Town, State ery, crematory or must Green Mount Crematory Baltimore, Md. examiner 22. NAME AND ADDRESS OF FACILITY death. 3818 Roland Ave. Baltimore, Md. 21211 filled in by the fi Alan Seitz Jr. Funeral Home event, the medical 23. PART I. Enter the diseases, or compliced shock, or heart failure. List only that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betwe signed by the attending physician and completely filled in Health and Mental Hygiene prior to burlal, cremation, or Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cancer cate has been signed by the attending physician and co State Dept. of Health and Mental Hygiene prior to burial Hem 23 shows any Injury, or other traumatile o CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) the State L certificate ITAL: OTHER: others 2 PA/Outpetient 3 DOA 4 Nursin 1 | YES 2 | AO g Home 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with w 1 Natural
2 Accident 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death w BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 1 3 Suicide 8 Could not be determined COMPLETED 4 Homicide Item 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge) TO THE HOSPITAL OF THE FUNERAL D BO fled within 72 ho 2 MEDICAL EXAMINER: On the 210. SIGNATURE AND TITLE OF CENTIFIES 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 10 90 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. Greene JACQUEZ YN. EDD Davidson-Kondon 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

the burial-transit permit. Pages 1, 2, 3 should

FOR

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	1 - STATE REGISTRAR	CE WANTLAND /	ERTIF	ICATE (OF DEAT	ино IIII ГН		G. NO.	-	50	61404
	DECEDENT'S NAME (First, Middle, Last) L	OTTIE JONES	S RAG	TNS			2. DATE OF DI	EATH DAY		YEAR 3	. TIME OF DEATH
	COLLIE	BC-1NC	> .				10	5		109	1:40 " W
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las			AR IF UNDER	24 HRS.	7. DATE OF BI (Mgnth, Pay,	Year)		Country)	ACE (State or Foreign
	2405 C2024 1045		YRS.				612	91	2091		h CArolina
œ	90. FACILITY NAME (# not institution, give street and num Suburban Hospital	ber)		BETHE	WN OR LOCATION	ON OF DEAT	TH			NTY OF DEA	
5	RESIDENCE OF DECEDENT			DETHE	- DA				MON	TGOME	KI
DIRECTOR	10a, STATE 10b, COUNTY		10e. CIT	Y, TOWN OR L	OCATION					1	0d. INSIDE CITY LIMITS?
	MARYLAND PRINCE GEO	RGES	CA	PITOL	HEIGHT						□XYES 2 □ NO
3AL	10e. STREET AND NUMBER				10t. ZIP CODI						AT COUNTRY?
FUNERAL	4727 Quadrant Street	ECEDENT EVER IN U.S. AR		Lea une	20743					,	STATES
ě	1 Never Merried 2 Merried FORCE	S? 1 YES 2 NO		If ye	DECENDENT Of a, specify Cube	n, Mexican,			or No—	Black,	- American Indien, White, etc. Black
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL OCCU	PATION og most of workin	ng	16b. KINC	OF BUS	INESS/INC	DUSTRY	
4	Elementary/Secondery (0-12) College (1	-4 of 5 +)			-		C1	eani			
COMPE	8 17. FATHER'S NAME (First, Middle, Last)	Dot	nesti	.C	40 11077		E (First, Middle,				
	PAUL MCDANIEL					A SUN		, Meiden :	sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (St	reet and Number			ty or Town	, State, Zic	c Code)	
5	FANNIE H . ADAMS (DA	UGHTER)	4727	Quadra	ant St.	,Cap:	itol H	ts.M	Id. 2	20743	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from S	20b. PLACE	OF DISPO		of cemetery, cren					City or Town	n, State
	4 Donation 5 Other (Specify) 10/11/9	0 FT. I	LINCO		IETERY			BRE	NTWC	OD, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	b. ME	359	ALI	EXANDER	S. I	POPE F				C.20020
	23. PART I. Enter the diseases, or complication	thet coused the de	eth. Do								Approximete
	shock, or heart feliure. Liet only of IMMEDIATE CAUSE (Finel			~							Interval Between Onset and Death
	disease or condition resulting in deeth)	Bro	sr. c	cho 1	Dire	cen	~~~	magh at the same	•		
		DUE TO (OR AS A CONSE	OUENCE O	F):	m/-		7	7,_	-		
ON	Sequentielly liet conditions,	DUE TO (OR AS A CONSÉ	QUENCE O	Fi:		-	/		2/6	dermonding	
CAT	if any, leading to immediate ceuse. Enter UNDERLYING										
CERTIFICATION	that suiteded events	DUE TO (OR AS A CONSE	OUENCE O	F):							
H	resulting in deeth) LAST										
10	PART II. Other eignificent conditione contribu				rlying ceuse	given in P	Part I. 24a.		AUTOPSY		VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Renol 0	eacher	C2	•			_ 10	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											YES 2 NO
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL:		OTHER:	26. PLACE OF D	EATH (Chec	ck only one)				
IYS		ont 2 ER/Outpatient 3	DOA 28b. TIA		Home 5 R		28d, DESCRIB		I HIRV OC	OUNED	
	1 Natural 5 Pending	Month, Day, Year)	IN.	JURY	WORK?		280, DEŞCHIB	E NOW II	VJOHY OC	COMED	
D BY	3 Suicide 8 Could not be	PLACE OF INJURY — At houlding, etc. (Specify)	ome, ferm,	atreet, factory,	office		28t. LOCATION City or Tov		nd Numbe	or or Rural Ro	ute Number,
COMPLETED	4 Homicide determined										
IPL.	29e. CERTIFTER (Check only one)										
S	MEDICAL EXAMINER: On the bo	ele of examination end/or	investigati	on, in my opin	ion, death occu	red at the ti	ime, date end	place, en	d due to t	he cause(e)	end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		1.		29c. LIC	ENSE NUME	BER		29d. DAT	TE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITE							1-	7,00	handa
	Sohn To	~ resu	8	518	5000	\$ 00	12 -	11	^	ICE	low
	31. DATE FILED (Month, Day, Year) OCT 0 9 1990 Julia Jaun	EGISTRAR'S SIGNATURE	٧.								
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or a TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

DHMH-18 Rev 1/89

and permit. Pages 1, 2, 3 should

	1 - FOR STATE 0	F MARYLAND / Ci			F HEALTH		MENTAL	REG. NO.	E	90	27435
,	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	Y	VEAD	TIME OF DEATH
	Ethel	_	ılhac					-6 - 90 ^{pa}			6:30AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 X	6. AGE (In yrs. las	YRS.	MONTHS D	AYS HOURS	MIN.	7. DATE (10-192	8	Country)	N.C.
	9e. FACILITY NAME (If not institution, give etreet and number	0_	(1774)	96. CITY, TO	WN OR LOCAT	ION OF DE		10-132		ITY OF DEA	
R	1914 N. Stricker Stree	et		E	Baltimo	ore C	ity				
CT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN DR L	OCATION					11	Od. INSIDE CITY
DIRECTOR	Md			timore							LIMITS? YES 2 \ NO
	10- STREET AND NUMBER				10f. ZIP CDE	_			10g. CITI		AT COUNTRY?
FUNERAL	1014 N. Stricker Stre					21217				US	
BY FUI	1 Name Married 2 Married FORCES?	DENT EVER IN U.S. AF 1 YES 2 X VE WAR OR DATES		II ye	B DECENDENT es, specify Cub YES 2 X NO	en, Mexics	n, Puerto F	? (Specify Yee lican, etc.)	or No—	14. RACE - Black, Specify:	- American Indian, White, atc. Black
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(6	the kind of	USUAL OCCL	JPATION ng most of work	ing	18b.	KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12) College (1-4		. Do NOT u	se retired.)	•						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MC	HER'S NA	MF /First J	fiddle, Malden	Sumamal		
	Peter Roulhac, Jr							lliams	Garrianio		
) BE	19e. INFORMANT'S NAME (Type/Print)	19			treet and Numbe	or or Rural	Route Numl	oer, City or Town			
5	Clarence Roulhac		_		. Stri		St	-			
	20a, METHDO OF DISPOSITION 1 X VBuriel 2 □ Cremellon 3 □ Removal from State	20b. PLACE other p	DF DISPO	SITION (Name	of cometery, cre Cemete	matory or				City or Tow	1.0-20
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Wes	tern		ME AND ADDR		CILITY	1 6	LUIIS	ville	!, I'lu
	Sal M	AR			arch F						
\vdash	23. PART I. Enter the diseases, pr complication.	that coused the d	eath. Do				sh Av		ratory an	reat,	Approximate
	shock, or heart fellure. Liet Dnly Dno IMMEDIATE CAUSE (Fine)										Interval Between Onset and Death
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NO	Sequentially list conditions, b.	E TO (OR AS A CONSE	OUENCE O)F):						_	
CAT	If any, leading to immediate cause. Enter UNDERLYING										
F	CAUSE (Disesse or injury that initiated events resulting in death) LAST	E TO (DR AS A CONSE	EQUENCE C	OF):							
CERTIFICATION	d								-		1
CAL	PART II. Other significant conditions contribution	11000- 100- 100	resulting	in the unde	riying cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	200	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	Congestive heart fail	ıre					—	1 TYES X	X WD		DEPOSITION OF CAUSE DEPOSITION OF CAUSE
MEDI								INSP	ECTI		1 TYES 2 XXNO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (C	heck only o				
SIC	EXAMINER? HOSPITA 1 Inpetion	2 ER/Outpatient	3 🗆 DOA	OTHER:	g Home 5XX	Besidence	6 🗆 Othe	н (Specify)			
BY PHYSICIAN:		TE DF INJURY nth, Day, Year)	28b. Til	ME OF JURY M	Bc. INJURY AT WORK? 1 YES 2	□ ND	28d. DE	SCRIBE HOW	INJURY OC	CURED	
COMPLETED E	9 Quicide 28e. PL	ACE DF INJURY — At hiding, atc. (Specify)	nome, ferm,	atreet, lector	y, office		281. LOC City	CATION (Street or Town, State)	and Numbe)	r or Rural Ro	oute Number,
APLE	29e. CERTIFIER (Check only one) SET ASSOCIAL FRANCES. On the beautiful on the beautiful one)										U.S. C. Constant
CON	X X MEDICAL EXAMINER: On the bis	e of examination and/o	r investigat	lon, in my opi		FILLIAN.		end place, er	art A. Land	- 112-2110-1	777 771 174-174
BE (296. SIGNATURE AND TITLE OF CERTIFIER	4-			29c. LI	CENSE NU	IMBER ME		29d. DA		Month, Dey, Year) 6-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE DF DEATH (IT	EM 27) (Tvo	e, Print)		- ()	ALC.			10-	0-30
	DONALD WRIGHT, MD		., .,,,		111 Pe	enn S	tree	t,Balt	imore	e,MD	21201
	31. DATE FILED (Morgh, Day, Year) 32. REG	ISTRAR'S SIGNATURE	0/3								
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital of attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached forguse as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to build, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	COCEC	to bu	mat
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	1 - STATE REGISTRAR	STATE OF N		ERTIF					MEN IAL	REG. NO.	- (90	27436
	1. DECEDENT'S NAME (First, Middle, Last) SANDRA ROSS / S	AUNDRA 1	A. ROSS							OBER 7	, 19	90	3. TIME OF DEATH 12:15a.m. M
	4. SOCIAL SECURITY NUMBER 214-50-3492	6. SEX 1 M 2 XEK	6. AGE (In yrs. 42	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.				8. BIRTH Countr	PLACE (State or Foreign y)
4	90. FACILITY NAME (If not institution, give streen JOHNS HOPKINS HOS					,	RE C			7,48		NTY OF D	
UNECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Md					ore							LIMITS?
EHAL	100. STREET AND NUMBER 1006 WILMOT COUR	T				101.	212				10g. CIT	USA	VHAT COUNTRY?
LONE	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2%			If yes, apo		n, Mexica	n, Puerto R	? (Specify Yee lican, etc.)	or No—	14. RACE Black Speci	— American Indien, c, White, etc. fy:
ED BY	15. DECEDENT'S EDUCA	ATION	16a.	DECEDENT'S						KIND OF BUS	INESS/IN	DUSTRY	BLACK
COMPLEIS	(Specify only highest grade of Elementary/Secondary (0-12) G.E.D.	College (1-4 or 8 -		(Give kind of life. Do NOT u	work done	during mos	st of working	g					sing Co.
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert		Ross				18. моті Ма		ME (First, A	fiddle, Meiden		aith	er
2	190. INFORMANT'S NAME (Type/Print)	ala a sa								nore,			21202
	Mary Gait			1006 E OF DISPO					artn			City or To	
	1 X Burlal 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	7.00	West	ern S						Ca	tons	vill	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE Aug. Z	NSEE WILL	lians				MAR			1101 E	. NO	RTH	AVENUE
	23. PART I. Enter the diseases, or co shock, or heart failure. L	mplications the	at causad tha	daeth. Do	not enta	r tha mo	da of dy	ing, auc	h as card	llac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition				00-			0	00-				Onset and Death
	resulting in death) a	DUE TO	OR AS A CON	SEQUENCE C	(HI)(C	- =	NCE	HALL	09A7	Hy_			2 DAYS
5	Sequentially list conditions,		CRASA CON		F):								HINTHS
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated eventa resulting in death) LAST	OUE TO	(OR AS A CON	SEOUENCE O	PF):								
7	PART II. Other algnificant conditions	contributing to	death but no	t resulting	In the u	ndariyin	g Cause (given in	Part I.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2			_		_				- 1	1 TES 2	1		COMPLETION OF CAUSE OF DEATH?
MEL							-		- 1		,		1 🗆 YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF D	EATH (Ch	eck only on	10)			
107	1 TES 2 TINO	HOSPITAL: 1 Kinpatient 2		- V		rsing Hom		esidence	6 🗆 Othe				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, I	F INJURY Day, Year)	28b. TII	JURY M		URY AT PRK? YES 2 [NO	28d. OES	CRIBE HOW II	NJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE (building	OF INJURY — At, atc. (Specify)	home, ferm,	street, fac	ctory, offic	•		28f. LOC City	ATION (Street of Town, State)	and Numbe	er or Rural .	Route Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC ONE) 2 MEDICAL EXAMINER												e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						-	ENSE NUI		9100 p1000, 011			(Month, Day, Year)
ם פב	1992 F	UTERN									•	10-1	- 0
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (11.1	740	lhr.	2.1-1				
	31. DATE FILED (MOMP), Pay, ContOO	32. MEQISTR	AR'S SIGNATUR	Bando M	2003	MIL	cirs	(103/	/।वा				
	001031330	7 wood	- MODI V	1-10-00	-								

1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICATE	OF D	EAIN		REG. NO.	9	0 411
	C. Russell					2. DATE OF MONTH	.06,		3. TIME OF DEATH 3:00 A
4. SOCIAL SECURITY NUMBER 213-36-1161	5. SEX 6. AG	NE (In yrs. last birthdi	MONTHS		UNDER 24 HRS. DURS MIN.	7. DATE OF (Month, D		0	SIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give 3711 Holly Gro				town on L	ocation of de River	EATH		Balti	
10a. STATE 10b. COUNT Md Ba	n ltimore	10c.	сіту, тожн с	or Location					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 3711 Holly Gro	ve Road			10f. ZII	21220			109. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF 1961-19	ES 2 NO			DENT OF HISPAN y Cuben, Mexica NO Specify	n, Puerto Ric			RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDEN (Give kind life. Do NO	T'S USUAL O	during most o		16b. Ki	teel	NESS/INDUST	
17. FATHER'S NAME (First, Middle, Last)		T Supe	LVISO		. MOTHER'S NA	ME (First, Mid	dle, Maiden S	'urname)	
William C. Rus 190. INFORMANT'S NAME (Type/Print)	sell	19b. MAIL	ING ADDRES	S (Street and I	Eliz	zabeth Route Number,			to)
Mrs. Mary C. R					ove Roa	adBalt			Md 21220
20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DIS BAITIM				emator			or Town, State L, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			NAME AND	ADDRESS OF FA	CILITY AT	brose	Funer	al Home
Tupph Il	inglese S).		1328	Sulphu	r Spri	ng Ro	ad, Ar	butus,Md
ahock, or heert fellure IMMEDIATE CAUSE (Finel	. List only one cause or	n each lina.							
disease or condition resulting in death) Sequentially list conditions,	b	AS A CONSEQUENC	E OF):	ERC	518				Interval Betwood
disease or condition resulting in death)	bDUE TO (OR A		E OF): E OF):	ERC	518				
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b DUE TO (OR A c DUE TO (OR A	A CONSEQUENCE	E OF):				4a. WAS AN / PERFORM	MED?	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR A c DUE TO (OR A	A CONSEQUENCE	E OF): E OF): ing in the u	nderlying c		1	PERFORM	MED?	24b. WERE AUTOPSY FIND AMILLABLE PRIOR TO COMPLETION OF CAL OF DEATH?
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions.	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	A CONSEQUENCE A	E OF): E OF): OTHE A OTHE Nu TIME OF INJURY	28. PLAC R: rsing Home 28c. INJUR	euse given in E OF DEATH (C? 8) Residence Y AT	heck only one)	PERFORM YES 2	MED?	24b. WERE AUTOPSY FIND ARALABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF DEATH	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	A CONSEQUENCE AS A CONS	E OF): E OF): OTHE OF INJURY M	26. PLAC R: rsing Home 28c. INJUR WORK 1 □ YES	euse given in E OF DEATH (Cr	6 Other (PERFORI YES 2 Specify) RIBE HOW IN	MEDS NO	24b. WERE AUTOPSY FIND ARALABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO (OR A DU	A CONSEQUENCE AS A CONS	DA OTHE OF INJURY M	28. PLAC R: rsing Home 28c. INJUR WORK 1 YES	euse given in E OF DEATH (C/ 6) Residence Y AT 2 NO	6 Other (28d. DESC 28f. LOCAT City or	PERFORM YES 2 (Specify) RIBE HOW IN ION (Street all Rown, State)	MED? NO NURY OCCUR nd Number or I	24b. WERE AUTOPSY FIND ARALABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

OCT 0 9 1990

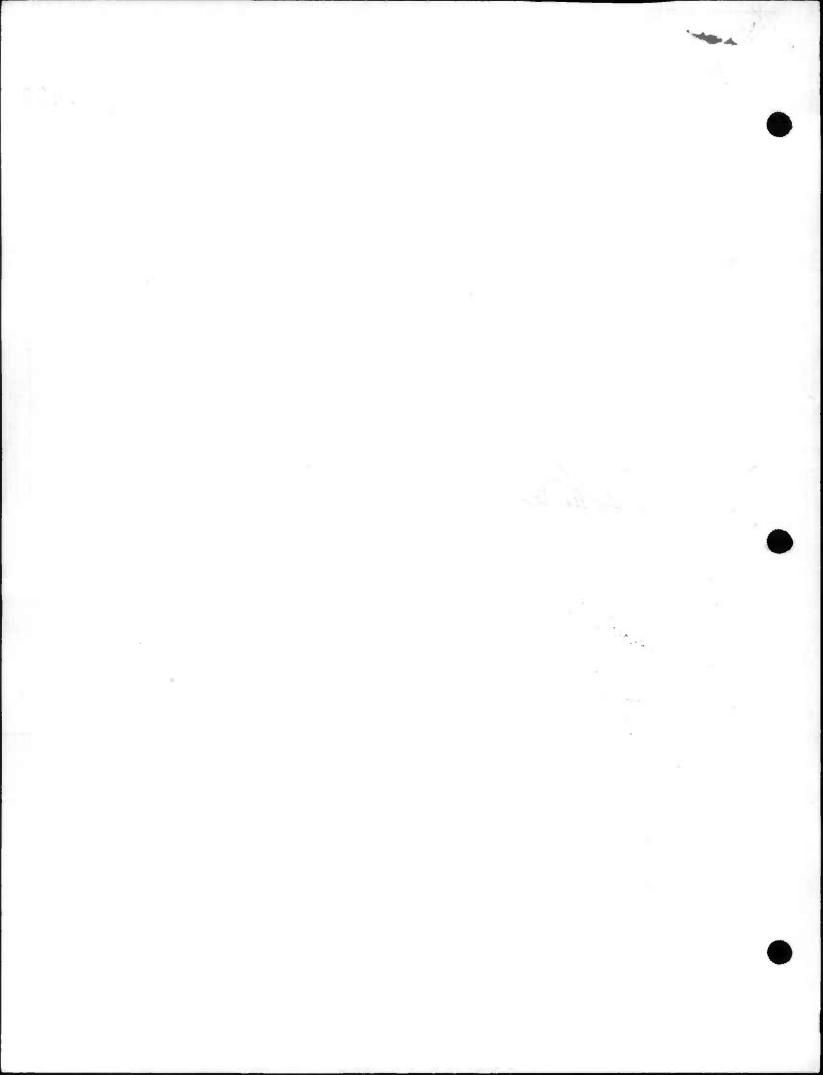
-32. REGISTRAR'S SIGNATURE
Davidson-Randall

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

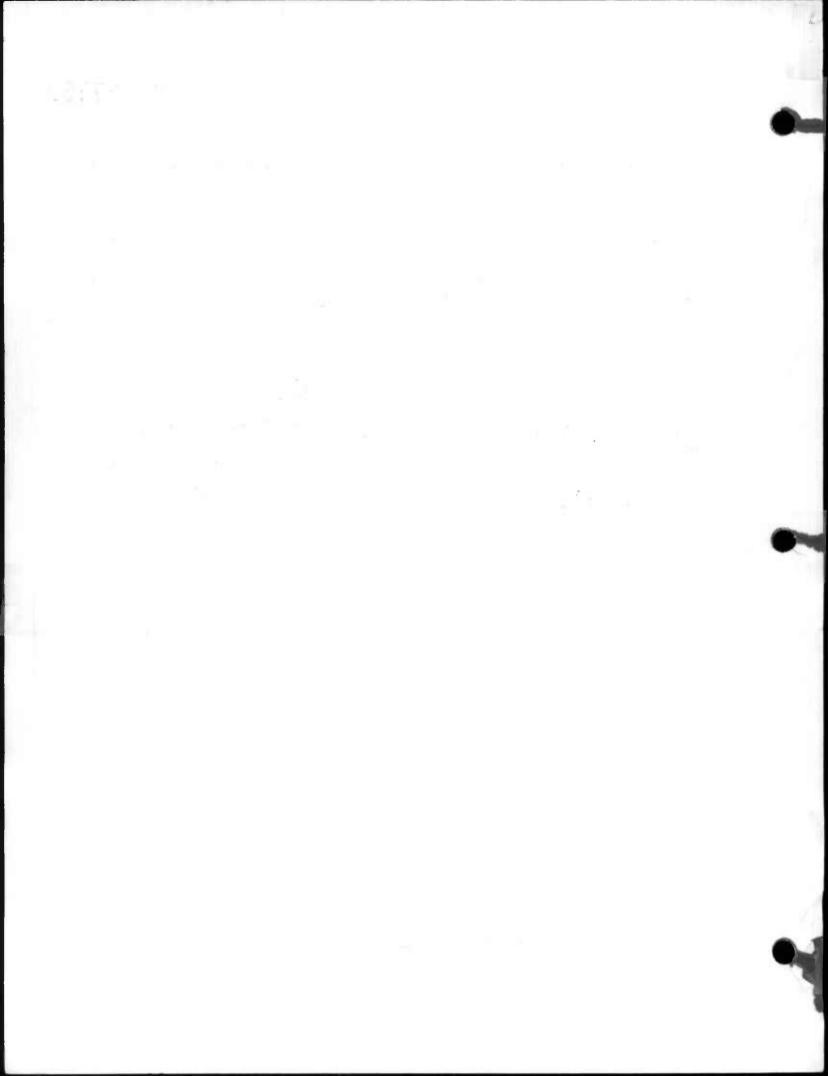
BALTIMORE, MARYLAND 21203-3146

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	REG. NO.		90	2743
1. DECEDENT'S NAME (First, Middle, Last) JOYCE HEL	EN		Ri	ce	2. DATE MONTI			EAR	0:42 P
4. SOCIAL SECURITY NUMBER 218-68-0046	5. SEX 6. AGI		UNDER 1 YEAR	IF UNDER 24 HRS. HOURB MIN.	(Monti	of BIRTH h, Day, Year) h 7,19	31	Mary	(State or Foreign 1and
9a. FACILITY NAME (If not institution, give a 622 A Hammonds F	•			nthicum	DEATH		Anne	of DEATH Arund	le1
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			OWN OR LOCAT	TION					INSIDE CITY LIMITS?
10e. STREET AND NUMBER	e Arundel		hicum 101	, ZIP CODE			10g. CITIZE	N OF WHAT C	YES 2 X NO
622 A N. Ham 11. MARITAL STATUS 1 Never Metried 2 X Merried 3 Widowed 4 Divorced	monds Ferry 12. Was decedent ever FORCES? 1 ☐ YE IF YES, OIVE WAR OR	IN U.S. ARMED	If yes, sp	21090 ENDENT OF HISP/ ecity Cuben, Mexic 2 X NO Spec	en, Puerto		II S or No — 14	Black, White Specify:	nerican Indian, e, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 6+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	ON at of working		. KIND OF BUSI		TRY	
10 17. FATHER'S NAME (First, Middle, Last) Harry Highlor	n/a	Home	maker	16. MOTHER'S N			Sumame)		
Harry Hiebler 190. INFORMANT'S NAME (Type/Print) Kenneth G. Rice				Elsie			, State, Zip Co		WD 0100
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren	noval from State	0b. PLACE OF DISPOSITI	ON (Name of ce	metery, crematory or		20c. LOC	CATION — CH	y or Town, Si	
21. SIGNATURE OF FUNDAL SERVICELL	Ste .	METRO CREM	22. NAME A	INC. ND ADDRESS OF F leton Fu cond Ave	nera	1 H.OME		,	MD_21061
ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	eech line. DSCIETOTIC B A CONSEQUENCE OF): B A CONSEQUENCE OF):	cardio	vascula	r dis	ease			Interval Betwee
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	3 A CONSEQUENCE OF):							
PART II. Other algolificent condition	na contributing to deeth	but not resulting in	the underlyin	g cause given i	n Part I.	24a. WAS AN PERFOR	MED?	COMI OF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 → YES 2 □ NO	HOSPITAL:		THER:	LACE OF DEATH					
27. MANNER OF DEATN 1200 Naturel 6 Pending	1 □ Inpetient 2 □ ER/O 26e. DATE OF INJUR (Month, Day, Yee	Y 20b. TIME	OF 28c. IN	JURY AT DRK? YES 2 NO	· · · · · · · · · · · · · · · · · · ·	er (Specify) SCRIBE NOW IP	NJURY OCCU	PRED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	20e. PLACE OF INJU building, etc. (S	RY — At home, term, etropecify)	et, factory, offi	00		CATION (Street e or Town, State)	and Number or	Rural Route	Number,
(Orack oray	SICIAN: To the best of my kn								manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIC	light			29c. LICENSE N	OCME			SIGNED (Mon	, ,
					****		_		
30. NAME AND ADDRESS OF PERSON W Donald Wright 31. DATE FILED (Month, Day, You)		outy Chief	rint)	111	Penn	St.	Balto)., MD	SS



ITEMS:23 thru 28f per ME G-668 10-22-90 cm

		G-668 10-22		STATE OF MAR	VLAND / I	DEPART	MENT OF H	IFAITH AND	MENTA	I HYCIENI	F 0	0 271.20
		1 - STATE REGISTRAR		JIMIL OF MINIT			CATE OF			REG. NO.	9	0 27439
)		1. DECEDENT'S NAME (First, a Michael		DALE	W ags	dal e			2. DATE MONT	OF DEATH DA		3. TIME OF DEATH 7:56P M
		4. SOCIAL SECURITY NUMBER 215-06-	2.011	SEX 6. AC	SE (In yrs. lest i		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	(Mon	OF BIRTH th, Day, Year)		BIRTHPLACE (State or Foreign Country)
	~	9e. FACILITY NAME (If not ins						OR LOCATION OF D			9c. COUNTY	OF OEATH
-	стов	1600 Blk.	EDENT	vale St.				Baltimor	e Cı	ty		
E Page	DIRE	M d	10b. COUNTY			10c. CITY,	PL/	MOR F	7			10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit.	ERAL	5212 (trA,	9 AVE				1. ZIP CODE 2/2/2			17.5	OF WHAT COUNTRY?
after death. Page 6 may be retained by the hospital or attending physician. y the funeral director, page 5 should be detached for use as the burial-transit moval. Ical examiner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 0 3 Widowed 4 Divor	12 Merried	. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	RINUS ARM	IED)	If yes, sp	CENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	en, Puerto		or No— 14.	RACE — American Indian, Black, White, atc. Specify: BLACK
tal or attend for use as	LETED	(Specify only Elementary/Secondary (0-	highest grade com	ON pleted) ollege (1-4 or 5+)	(G/M	e kind of wo	ork done during mo retired.)	ost of working	16	b. KIND OF BUS	SINESS/INDUST	TRY
the hospit e detached t once.	COMPL	17. FATHER'S NAME (First, MIK	ddle, Last)	RAGSO			PCHI	18. MOTHER'S N	AME (First,	Middle, Meiden	Surneme)	> 1 - 2
should be notified at	TO BE	190. INFORMANT'S NAME (IV.	po/Print)	1.11			ADDRESS (Street	and Number or Rural	Route Nun	nber, City or Town	n, State, Zip Coo	de)
ay be re page 5	-	DREGE.	K F	95GAL	T- 6	841	DOT	P. G. U. C.	37 1	PhIIA	, PA.	19/19 or Town, State
ector, p		Burial 2 Cremation 4 Donation 5 Other		from State	other place	20)	HIII	Em				y Nim d
death. Page 6 m e funeral director, il. examiner must		21. SIGNATURE OF FUNERAL	SERVICE LICENS	ock &	N.		22. NAME A	ND ADDRESS OF F	acility with	my lä	30471	Central ar
/ filled in the filon, or re-			eart fallure. List al	plications that cause only one cause o	n aach line.	CAT'I	ON	ode of dying, su	ch as cs	rdiac or respi	ratory srreat	, Approximate interval Between Onset and Dasth
and control of the price of the	NOI	Sequantielly list condition		DUE TO (OR /								
ficate be physician ne prior t	CATION	If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	DUE TO (OR	AS A CONSEQU	UENOE OF						
h certil anding Hygie or oth	CERTIFI	that initiated events resulting in death) LAST	т а	00E 10 (ON)	AS A CONSEC	DENCE OF)•					
hat the death d by the atte and Mental ny Injury, a		PART II. Other significe	nt conditions c	ontributing to deat	th but not re	aulting in	the underlyin	ig cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
requires seen signe of Health	: MEDICA									125 723 2		OF DEATH? 1 □ YES 2 □ NO
he law b has t e Dept m 23	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?					26. P	LACE OF DEATH (C	check only	one)		
rtification State	YSIC	1 X YES 2 NO		OSPITAL:				ne 8 🗆 Residence	M 01	er (Specify)	scene	9
G PHYSIC er this ce ith with the	ВУ РН		Pending Investigation	28a. DATE OF INJU (Month, Day, 16 FOUND 9—		28b. TIME INJU UNK	JRY W	JURY AT ORK? YES 2 1 NO		ESCRIBE HOW I	NJURY OCCUP	RED
ECTOR: After des a ster des 128 is n	TED E	3 Suicide 6 💢	Could not be determined	28e. PLACE OF INJ building, etc. (FOUND IN	URY — At hon Specify) ALLEY	ne, farm, s	treet, factory, offic	CO .		CATION (Street by or Your, State)	rear_c	Aural Aquia Number blk
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be flied within 72 hours after death with the State Dept. of Health and MAINPORTANT: If item 28 is marked, or item 23 shows any Injun.	COMPLET	one)		N: To the best of my k								euse(e) end menner as stated.
D THE HO D THE FU.	BE C	350 SIGNATURE AND TITLE	OF CERTIFIER	Delle	h	M		29c, LICENSE N			29d, DATE B	1GNED (Month, Day, Year) 9/29/90
14 日本 14	TO	30. NAME AND ADDRESS OF Mario F. (DEATH (ITEM		Print) 111 Peni	n St.		Balt	imore	, Md. 21201
		31. DATE FILED (Month, Day,			Addon-A	andelli	٤ .					



		ansit permit. Pages 1, 2, 3 should		
ARTEAND ZIZUS-3140	ained by the hospital or attending physicia	in present an examinately filled in by the funeral director, page 5 should be detached for use as the burlat-bransh permit. Pages 1, 2, 3 should		iffed at once.
DALLIMORE, MA	Lours after death. Page 6 may be reti	filled in by the funeral director, page 5 si	tion, or removal.	the medical examiner must be not
10 L. O. BOA 16140,	he death offitting by excland within	the amendure physician any completely	In the State Dept. of Health and Mintel Hydroc process of the Community of removal.	niery, or other traumatic event, t
DIVISION OF VITAL RECORDS, P.O. BOX 18118, DALLIMONE, MANTLAND ZIZUS-5140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the seasn concern control of the companies of the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the amendan	be filed within 72 hours after death with the State Dept. of Health and	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other fraumate event, the medical examiner must be notified at once.
	TO THE HOSPIT	TO THE FUNER	be filed within /	IMPORTANT:

	1 - STATE OF MA		RTMENT OF H		IENTAL HYGIEN		27440
	1. DECEDENT'S NAME (First, Middle, Last) Mary Elizabe	th	Shade		2. DATE OF DEATH DATE OCT.	4 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthda			7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreig
	216-05-2099 1 DM 2 12 F	. 86 YRS	MONTHS DAYS	HOURS MIN.	Aug. 31	1904	Maryland
_	9e. FACILITY NAME (If not institution, give street and number)	-		R LOCATION OF DEA	тн	9c. COUNTY	
p	Stella Maris Hospice	!	Tow:	son		Balt	imore
DIRECTOR	10e. STATE 10b. COUNTY	, 10c. (CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Baltimore Co	o	Tows	on			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ig	2300 Dulaney Valley Road			21204			U.S.A.
필	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1	YES 2 NO	13. WAS DEC	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yee, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 TYES	2 KNO Specify:			White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDEN	T'S USUAL OCCUPATIO	ON et al working	16b. KIND OF BUS	INESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		of work done during mo- use retired.)	at or working			
MP		Hou	sewife			maker	
	17. FATHER'S NAME (First, Middle, Last)			10 11	NE (First, Middle, Maiden		
H	George Seitz 190. INFORMANT'S NAME (Typo/Print)	105 1140	NO ADDRESS /Street o		inette Se		41
임	Doris Koerner						yland 21131
	20a, METHOD OF DISPOSITION 1 Neuriel 2 Cremetion 3 Removal from State	20b. PLACE OF DIS	POSITION (Name of cen				or Town, State
	1 Xeuriei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	Dulane	Valley M	Memorial	Gardens	Timon	ium. Md.
	21. SIGNATURE DE FUNERAL RETWICE LICENSEE	3.0	22. NAME AN	D ADDRESS OF FAC	ILITY		
	Bryan W. Clary	4			hell-Wiede		nc. m. Md. 21093.
	23. PART I. Enter the diseases, or complications that c	used the deeth. D	D not enter the mo	de of dying, such	es cerdiec Dr reepi	ratory arrest	, Approximata
	shock, or heert fellure. List only one ceuse	on each line.					Interval Between Onset and Death
	The state of the s	ites m	ellitius				
	DUE TO (OI	AS A CONSEQUENCE	OF):				
S	Sequentially list conditions, b.	R AS A CONSEQUENCE	OF	·			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	. AS A CONCECUENCE	. 67).				
윤	CAUSE (Disease or Injury that Initiated events	R AS A CONSEQUENCE	OF):				
E	resulting in deeth) LAST						
2	PART II. Other algorificant conditions contributing to de	ath but not requitir	o in the underlying	n cause alven in F	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
₹	ARTERIOSC LERO		ig an the underlying	g cadao given in r	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	AIZHEIMERS	313			1 _ YES 2	□ NO	OF DEATH?
	H LEHEIMEICS	1000000			_		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Chec	ck only one)		
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2	Broutpasses a 10 DO	OTHER:	e 5 🗆 Residence 6	8 ☐ Other (Specify)		
표	27. MANNER OF DEATH 28s. DATE OF IN (Month, Day,		TIME OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	//		YES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide determined		m, street, factory, offic	•	281. LOCATION (Street and City or Town, State)		Rural Route Number,
<u>=</u>	200 CENTICIED 4						
COMPL	(Check only CEHTIFTING PHYSICIAN: 10 the best of my						
8	One) 2 MEDICAL EXAMINER: On the beele of exam	minos mostrapanis	mion, in my opinion, d				
BE	29b. SIGNATURE AND YITLE OF CERTIFIER			29c. LICENSE NUM			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	iype, Print)	V155	OT	10	-4-90
	DR. Eddie NAKHYD.		ella Mi	ARIK			
	31. DATE FILED (Month, Day, Year) 32 REGISTRAE'S	SIGNATURE		1.7.0			
	OCT 09 1990 Julia Dav	iason-Manage	le .				

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.C. BOX 13146,	13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law impulses that the deen configurable	acuted within
TO THE RUNERAL DIRECTOR: After this certificate has seen agond to the authorise and completely be filed within 72 hours after death with the State Dept. or Health	and completely burial, cremal
	Account of the

31. DATE FILED (Month, Day, Year)

OCT 09 1990

The BEGISTBAR'S SIGNATURE
JUNE DAVIDSON-RENDELL

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		MENTAL HYGIEN REG. NO.	E 9	0 27441
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y 77 YS	3. TIME OF OEATN
	RUTH SAND		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	OLTO BER		METHPLACE (State or Foreign
1	072-32-6495		87 YRS.	MONTHS DAYS	NOURS MIN.	(Month, Day, Year) 12/5/02	0	New York
	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF DE	ATN	9c. COUNTY	
100	College Manor N	ursing Home		Lut	herville		Balt	imore
DIRECTOR	Maryland Balt	imore		Y, TOWH OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER	шоге		Timonium	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2402 Hartfell Roa				21093		_	USA
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 212 NO ATES	if yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify:
) BY	3 Widowed 4 Divorced				**			White
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON ist of working	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLI	12	College (1-4 or 5 +)	House	ewife		Hom	emaker	
	17. FATHER'S NAME (First, Middle, Last)	_				ME (First, Middle, Meiden	Sumame)	
BE	Anthony T. Heili 19a. INFORMANT'S NAME (Type/Print)	<i>g</i>	19b. MAILING	ADDRESS (Street a	Mary and Number or Rural F	Toute Number, City or Town	anner n, Statu, Zip Coo	(e)
2	Dorothy Arthur		2402	Hartfel	I Road	Timoniu	214	202
	20s. METHOD OF DISPOSITION 1 District Security Specify)	val from State	other place)		metery, crematory or	20c. LO	cation — city	
2	21. SIGNATURE OF TUNERAL SETVICE LICE	NSEE /	Metro G	22. NAME A	ND ADDRESS OF FA			ville
CYGILL	Paul T. Loch	stampfor	templo		on-Mitche Padonie	ell-Wiedef		21093
	23. PART I. Entar the diseases, or co	emplications that cause						
	IMMEDIATE CAUSE (Final disease or condition	Mussan	dial i	alane	tion		4	Onset and Death
	resulting in death)	DIE TO (OR AS	A CONSEQUENCE O	Plur	you.	1	a	few minures
N	Sequentially list conditions, b.	arterio	sclero	tre 7	east	Liseas	e	1545
ATIÖ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
	resulting in death) LAST							
CAL	PART II Other aignificant conditions		but not resulting	in tha undarlyin	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
	Prouchecto	15/3	TIME B	orosis	,	1 TYES 2	THO	COMPLETION OF CAUSE OF DEATH?
	1 d 1 - 60 11 6	N 1 1 1 2/14 12-12	4 7 7 1	010213		_		1 YES 2 NO
: MED	Luga Thirt	Edish	/ '					
CIAN: MED	Luo palhite Hyvo Thyto 21. NAS CASE INFERINCE TO MICHICAL EXAMINENT	HOSPITAL			LACE OF DEATH (Ch	eck only one)	1	2111
SICIAN:	1 VES 2 THE	HOSPITAL:		OTHER: 4 - Nursing Non	ne 5 🗆 Residence	6 - Other (Specify)	esilen	
SICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	26b. TIN	OTHER: 4 Nursing Non IE OF 28c. IN. JURY W		2		
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b. Till IN.	OTHER: 4 Nursing Nor HE OF 28c. IN. W/ M 1	IURY AT DRK? YES 2 NO	6 - Other (Specify)	NJURY OCCUR	ED
TED BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm,	OTHER: 4 Nursing Non IE OF 28c. IN, JURY M 1 street, fectory, office	IURY AT DRK? YES 2 NO	26d. DESCRIBE NOW 26d. LOCATION (Street City or Town, State)	NJURY OCCUR	ED
TED BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Spr	Y — At home, farm, scilly)	OTHER: 4 Nursing Non IE OF 28c. IN, IURY M 1 street, factory, office and at the time, date	ne 5 Residence JURY AT JRK7 YES 2 NO	26d. DESCRIBE NOW 26d. LOCATION (Street City or Town, State) to the cause(a) and me	and Number or F	ED
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Spr	Y — At home, farm, scilly)	OTHER: 4 Nursing Non IE OF 28c. IN, IURY M 1 street, factory, office and at the time, date	ne 5 Residence JURY AT JRK7 YES 2 NO	26d. DESCRIBE NOW 261. LOCATION (Street City or Yown, State) to the cause(s) and me time, data and place, an	and Number or F	ED Bural Route Number,

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Nospital or attending physician.
 Interest of the bunial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 minus	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, order of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examing must be not
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	2	2	2	Ξ

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND			F HEALTI		ENTAL	HYGIENE REG. NO.	90	2	7442
1. DECEDENT'S NAME (First	, Middle, Last)	ANI	REV	1A (NDREW SCHULT	JOHN		2. DATE O MONTH		9	EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-05-7718		5. SEX	6. AGE (In yrs. II		IF UNDER 1 Y	-1-011	ER 24 HRS.	-	F BIRTH Day, Year	B.		CE (State or Foreign land
90. FACILITY NAME (If not in Harbor Hos	spital					timore				ec. COUNTY		1
100. STATE Maryland	10b. COUNTY	a Arundel			y, town on a		3rook1	vn P	ark)			I. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Avenue			2.011110	101. ZIP CO		<i>y</i> 11 1 1	<u> </u>	10g. CITIZEN		
11. MARITAL STATUS 1 Never Merried 2XX 3 Wildowed 4 Dive	•		IT EVER IN U.S. A YES 2 WAR OR DATES		If ye	B DECENDENT os, specify Cu YES 2X N	ban, Mexicen,				RACE Black, Wi Specify:	American Indian, hite, etc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1 2 th 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Glike Middle workdone during most of working life. Do NOT use retired) Retired Machinist 18. MOTHER'S NAME (First, Middle, Malden Surname)											overnment	
17. FATHER'S NAME (First, A	Antor	1	Schultz	2		16. MC		E (First, Mil	ivoda	Sumeme) Schu	1tz	o / o · famolio
Mrs. Lois	W. Sch	nu1tz		114 7	Third	Avenue	, Bal		re, Ma	arylan	d :	21225
20b. PLACE OF DISPOSITION 1X Burlet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21. Ski Little OF Funeral Service Licensee Kevin F. Ecker 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Given Place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Given Place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Given Place) 20c. LOCATION — City or Town, State Glen Burnie, Maryland 22c. Name and Address of Facility McCully Funeral Home of Brooklyn												
IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	tione, indiate ing	b. 2 Gy	O OR AS A CONS	PLOY BEOUENCE O	MC IF):	ob	stru	uhi	ve lu	mg di	neons	interval Between Onset and Death
PART II. Other signific	ent condition	contributing to	death but no	t resulting	in the unde	orlying caus	e given in F		24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	THE AUTOPSY FINDINGS ALLABLE PRIOR TO AMPLETION OF CAUSE DEATH? YES 27 NO
25. WAS CASE REFERRED EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	26. PLACE OF						
27. MANNER OF DEATH Netural 5 2 Accident	Pending Investigation		Day, Year)		JURY M	Be. INJURY AT WORK? 1 YES 2		26d. DE\$(CRIBE HOW II	NJURY OCCU	RED	
4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At , atc. (Specify)	home, farm,	street, factory	r, office		26t. LOCA City o	TION (Street e r Town, State)	nd Number or	Rural Rout	Number,
one) 2 MEI	DICAL EXAMIN					nion, death oc	cured at the t	time, date		d due to the	ause(s) er	nd menner as stated.
29b. SIGNATURE AND TITL. AS MO 30. NAME AND ADDRESS (af	Badh	- /		O.	29c. l	ICENSE NUM	BER		29d, DATE S	IGNED (M	onth, Day, Year)
A. Rachassian A. Bachassian A. Bachassian St. Date Filed (Month, Day	.20	Hould	AR'S SIGNATURE	105P	ital	? @	when	300	15-	Hand	15 Par	t. Balto.
OCT 09	1990	gulia Deu	idson-Par	delle								M.D 213

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transit permit. Pages 1, 2, 3 should

5-	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CEI	EPARTMENT OF STREET	OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90	27443			
	1. DECEDENT'S NAME (First, Middle, Last) LULA V.	SHAVERS			2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH			
	713 010101	6. SEX 6. AGE (In yrs. last to	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 - 25 - 1	14 VI	RGINIA			
TOR	VILLA ST. MICH	AEL N. H.	BA I	OWN OR LOCATION OF DE						
DIRECTOR	100. STATE 100. COUNTY BALT	- MORE CITY	10c, CITY, TOWN OR	LOCATION			10d. INSIDE CITY LUBITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER	JATON ST.		101. ZIP CODE	3	10g. CITIZEN OF	^			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	H y	S DECENDENT OF HISPAI ea, specify Cuban, Maxica YES 2 NO Specify		r No.— 14. RAC Blac Spec	E — American Indian, k, White, atc.			
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Give	EDENT'S USUAL OCC o kind of work done du to NOT use retired.)	UPATION ing most of working NORKER	16b. KIND OF BUSI	NESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)	Known	CIORI	18, MOTHER'S NA	ME (First, Middle, Malden St	urname)				
10	190. INFORMANT'S NAME (Type/Print) LESTER SHA	VERS 173	MAILING ADDRESS (ASHINGTOI	Route Number, City or Town,	State, Zip Code)	RE DIZIS			
	20e METHOD OF DISPOSITION 1	- Hebi	itus 1	of cemetery, cremetory or PAR ME AND ADDRESS OF FA	KCEM AR	ation — City or to	md			
	23. PART I. Enter the diseases, or co	(Dad	wh	n.c. marc	h F.H. 110		RH AUC.			
	ahock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on each line.	CA	RDromyo		nory arrest,	Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT OF TO (OR AS A CONSEQUENT)	JO C:ARD	De Du	FARCTIONS					
MEDICAL CI	PART II. Other eignificant conditions INSTABLE HIGH	ANCHNA.	sulting in the und	arlying cause given in	Part I. 24a. WAS AN A PERFORM	ED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2/ NO			
AN: M	HO SICK S		om=-5/1	PERMANE 26. PLACE OF DEATH (C		HEER	1 1 125 2/J/110			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		ig Home 5 🗆 Residence	5 Other (Specify)					
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	8c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN					
	3 Suicide 5 Could not be determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, street, factor	y, office	25f. LOCATION (Street ar City or Town, State)	d Number or Rural	Route Number,			
COMPLETED	anal	CIAN: To the best of my knowledge, deal R: On the basis of exemination and/or in					(s) and manner as stated.			
TO BE (206 SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	alipa n	27) (Type, Print)	29c. LICENSE NU	MBER S95	▶ 10 / G	D (Month, Day, Year)			
	TASINEEM (A	AKHANI.MI).	7220 \$	ARK He	ICAHAS AV	E, B	AUD MIN			
	OCT 0 9 1990	328 REGISTRAR'S SIGNATURE IN					21208			

1203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARY AND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be returned to the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	And the state of t
CORDS, P.O. BOX	ies that the death certificate be	signed by the attending physician lealth and Mental Hygiene prior t	the name fasterns on add on days
ION OF VITAL RE	NDING PHYSICIAN: The law requ	: After this certificate has been r death with the State Dept. of F	A A W A
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR. be filed within 72 hours after	ALLEGA MANAGEMENT AND TAXABLE

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTAL HYGII REG. I		0 2/444
	Sister Helen B	arbara So	hild					2. DATE OF DEATH OCTOBEL	. ony	3. TIME OF DEATH 990 9:10 P M
	404 66 5050		E (In yrs. lest birthday) PO YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		e. BIRTHPLACE (State or Foreign Country) Pennsylvania
OR	Villa Assumpta—		arles S		Bal	time		EATH	9c. COUN	ty of DEATH timore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				OR LOCATI					10d. INSIDE CITY
	Maryland Balt	imore	В	alti	mor					1 - YES 2 (2)CD6
FUNERAL	6401 N. Charle	s St.				212°			US	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 A Never Married 2 Married 3 Widowed 4 Divorced	R IN U.S. ARMED			cify Cuber	n, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Vea or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
TED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of Wa. Do NOT u	USUAL O	CCUPATION during mos	N it of workin	g	16b. KIND OF	BUSINESS/INDI	USTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teach					Educ	ation	
CON	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Mai	den Surname)	
BE	Matthias Sch.	ild	19b. MAILING	ADDRES	S (Street or			lalen Ba		
5	S.Bernice Feili	nger, SSND								,Md. 21212
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remon	ral from State	illa Ma	SITION (NA	ame of com	etery, crem	atory or	20c.		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		281					edefeld H		m, ma
	John G. Reit	z fothe o	() Kell							Maryland 21212
Z	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metals	each line. THE C S A CONSEQUENCE OF	AVE					spiratory sm	est, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		S A CONSEQUENCE O							
ERT	resulting in death) LAST									
MEDICAL C	PART II. Other significant conditions	contributing to deati	but not resulting	In the u	nderlying	cause ç	given in	PER	AN AUTOPSY FORMED? B 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				00 Pt					
PHYSICIAN:	FW 4.444.	HOSPITAL:	utpatient 3 DOA	OTHE 4 Nu	R:			6 Other (Specify)		
ву РНУ	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea			28c. INJU	JRY AT		28d. DESCRIBE HO	W INJURY OCC	CURED
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, pecify)	street, lac	tory, office			28f. LOCATION (Str City or Town, S		or Rural Route Number,
COMPLETED	one) —	IAN: To the best of my kn								ed. e cause(a) and manner as stated.
TO BE		asus				29c. LICE	INSE NUM	- 1	29d. DATE	SIGNED (Month, Day, Year)
	Dr. Lawrence Bo	oas, 54 S	cott Ada	am R	load.	, Co	cke	ysville	, Md.	21030
	OCT 09 1990	STATEGISTRA'S S	Acrim Randall							
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	STATE REGISTRAR	SIAIE UF N	/ NAHYLANU Ci		ICATE				MENIAL	REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	5.51		3. TIME OF DEATH
	DOROTHY SMITH	I							MONTH	10	DAY 4	93	525A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER t	YEAR	IF UNDER	24 HRS.		OF BIRTH			IPLACE (State or Foreign
	217-40-1117	1 M 2 X F	86	YRS.	MONTHS	DAYS	HOURE	MIN.	AUQ.	13,	1904	Count	RYLAND
	9a. FACILITY NAME (If not institution, give st	reet and number)	00		9b. CITY, T	O MWO	R LOCATION	ON OF DE		10,		UNTY OF D	
			D.7	· - m	MORE	7							
	RESIDENCE OF DECEDENT	ON MEMORIAL HOSPITAL						-					
	10a. STATE 10b. COUNTY		10c. CI3	TY, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland			Baltimore City									1 X YES 2 NO
	10e. STREET AND NUMBER		101. ZIP CODE							10g. CI	TIZEN OF	WHAT COUNTRY?	
1	623 W, University		21210								USA		
	11. MARITAL STATUS	12. WAS DECEDEN	FEVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC 14. YES 2 X NO 15. YES 2 X NO 16. YES 2 X NO 16. YES 2 X NO							Yea or No-	14. RAC Brec	E — American Indian, k, White, etc.	
	1 Never Married 2 Married	MAR OR DATES	NO			2 X NO			neart, etc.)		Spec	tly:	
	3 Widowed 4 Divorced										ner West was	1	White
	15. DECEDENT'S EDU- (Specify only highest grade		(0	Bive kind of	work done du	ring mo	IN st of worki	ng	16b.	KIND OF E	BUSINESS/IP	NDUSTRY	
	Elementary/Secondary (0-12)	Cottege (1-4 or 5	+)		use retired.)								
		Years		Home	emaker	,				Home			
	17. FATHER'S NAME (First, Middle, Last)	T					18. MOT		37		len Surname))	
	Charles Randolph	Iruitt							elia				
	19a. INFORMANT'S NAME (Type/Print)		11		G AODRESS							Zip Code)	
1	C. Truitt Smith				<u>endove</u>						1. 2	1218	
1	20a. METHOD OF DISPOSITION 11√ Burial 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. PLACE other p	OF DISPO	OSITION (Nam	e of cer	netery, cre	matory or			LOCATION -		
	◆ Donetion 5 □ Other (Specify)	- 1		DI	<u>ruid R</u>	lidg	e Ce	mete	ery	P	rkesv.	me,	Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LI	J. Bu	mill	- 1/2	22. N M i					d Hon	ne, Ir	າດ	
	James F.	Burnside	Jr.	0	65						ore.		21212
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	O (OR AS A CONSI	EOUENCE	OF):				Ny				
		d	- 4 - 4 - 4 - 4			4 - 4 - 4 -		mt	- Don't		AN AUTOPS	v I a	b. WERE AUTOPSY FINDINGS
	PART II. Other eignificent conditio	ne contributing t	o deeth but not	resulting	g in the und	deriyin	g ceuse	given ii		PER	FORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	_	LACE OF	DEATH (C	check only o	ne)			
	1 TES 2 NO		☐ ER/Outpatient	3 🗆 DOA		Ing Hor		Reeldence	6 🗆 Oth				
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE ((Month,	Day, Year)	28b. T	TME OF NJURY M		JURY AT ORK? YES 2	NO NO	28d. DE	SCRIBE HO	OW INJURY (OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — At g, etc. (Specify)	home, fem	n, atreet, facto	ory, offi	00			CATION (Str or Town, S		aber or Rura	I Route Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN												e(a) and menner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER M					29c. Lt	CENSE N	UMBER		29d. t	DATE SIGNI	GO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	ms -	729 S	ST T	MN	RI	B	AL	ПМО	1371	m	21	210
	31. DATE FILED (Month, Day, 9 1990	320 REGIST	PAR'S SIGNATURE	ander	4								

reserved death. Page 6 may be retained by the hospital or attending physician.

The funeral director, page 5 should be detached for use as the burial-Lufersit permit. Pages 1, 2, 3 should immy. BALTIMORE, MARYLAND 21203-3146

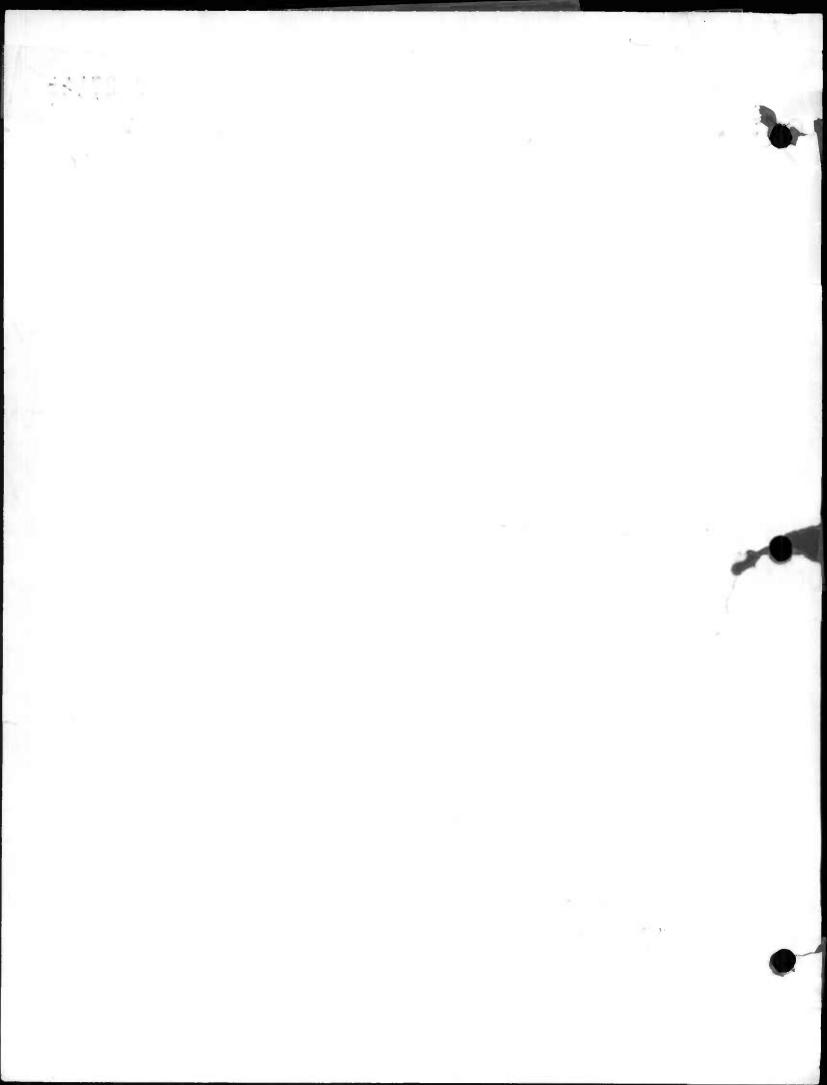
medical examiner must be notified at once.

25

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enricated TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene proc to be the terminal important; if item 28 is marked, or item 23 shows any injury, or other traumable

DHMH-16 Rev 1/89



e 6 may be retained by the horbital or attending physician.	ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the user as the burish-transit permit. Pages 1, 2, 3 should be detached the user as the burish-transit permit. Pages 1, 2, 3 should be detached the user as the burish-transit permit. Pages 1, 2, 3 should be detached the user as the burish-transit permit.	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE MOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this co	MPORTANT: If Item 28 is marked

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTA	L HYGIENE REG. NO.	9	0 2744
Joseph Seth	00				2. DATE MONTI	OF DEATH DAY	YE	3. TIME OF DEATH 9:15 p
4. SOCIAL SECURITY NUMBER 213-03-4233 9a. FACILITY NAME (If not institution, give	1-2 M 2 □ F	91 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF O	(Month	OF BIRTH (189	9 8. I	BIRTHPLACE (State or Foreign country) Hungary
Union Memorial I		imore Ci			-			
Maryland 106. cour	NTY		imore	City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 4 Saint George's	Road			21210				J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If yes, at	ENDENT OF HISPA ecity Cuban, Mexic 2 XNO Speci	an, Puerto		r No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		18e. DECEDENT'S U (Give kind of wo life. Do NOT use Diesel S	rk done during m retired.)	net of working	I	Product	Engine	m/ e/Locomotive
17. FATHER'S NAME (First, Middle, Last) Adam Joseph Set		Jieser o	pecial	18. MOTHER'S N.	AME (First, I		umame)	1
19a. INFORMANT'S NAME (Type/Print) Mary M. Seth				s Rd.,				and 21210
20e. METHOD OF DISPOSITION 1	emoval from State	ob. PLACE OF DISPOSI other place) ulaney Val	ley Me	motory, cremetory or morial G	arder	20c. LOCA	тюм — сну hervil	or Town, State
John G. Reit	LU 19	Regin		onell-Wi York R			-	cyland 21212
23. PART I. Enter the diseases, o shock, or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due TO (OR AS	TACA	RRES	t			itory errest	Approximate Interval Betwee Onset and Dec
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury that initiated events resulting in death) LAST	b. MYOCH DUE TO (OR AS	A CONSEQUENCE OF)	INF	ARCH	101	<u>/ </u>		
PART II. Other algoliticant condit	one contributing to death	but not resulting in	the underlying	g cause given ir	Part I.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only o	ne)		
1 YES 2 NO	1 Inpetient 2 ER/O	utpatient 3 DOA		ne 5 - Residence	_	er (Specify) SCRIBE HOW IN	NAME OCCUPA	En.
1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year) INJU	RY W	YES 2 NO				
3 Suicide 5 Could not 4 Homicide determined	building, etc. (S)	RY — At home, farm, st pecify)	reet, factory, offi	:e	251. LOC City	CATION (Street and or Town, State)	d Number or I	Rural Route Number,
and and	YSICIAN: To the best of my kno INER: On the basis of examina							suse(s) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIF	Houned,	HO.		29c. LICENSE NU	IMBER 72		29d. DATE SI	GNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, I	204-1	E-JOPI	PA K	L ter	VSON	4, MD.
31. DATE FILD CYOPIN, 679041991	June Davids					701		/

The mains and about a second of the contract o

	1 - STATE REGISTRAR	OTALE OF MARITE	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Katherine	Gertrude	Szumanski	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	Szymanski, Kather	ine u.	,	00	10 5	90 7 4 M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	BIRTNPLACE (State or Foreign Country)
	218-07-2828	1 M 2 R F 92	YRS.		11-15-97	Baltimore
_	9a. FACILITY NAME (If not institution, give st	treet and number)	1	b. CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF OEATH
O	Stella Masis			Towson, Marylan	nd	Baltimore
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	Md.			Baltimore (itu		1 MYES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	402 South Corn	wall Street		21224		U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Year	or No- 14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxico	an, Puarto Rican, etc.) fy:	Black, White, etc. Specify: White
ВУ	3 Widowed 4 Divorced					WILLDE
TED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of world iffe. Do NOT use	rk done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales	Ladu	Depart	ment Store
COMPLET	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden S	
	Albert Szyman	Abi		Rosa	0.4	
BE	19a. INFORMANT'S NAME (Type/Print)	30146	19b, MAILING A	DDRESS (Street and Number or Rural		
2	Elaine Bacinski		Company of the Compan	Greenside Driv		
	20a. METHOD OF DISPOSITION	20	DI ACC OF DISBOSIS	TON Alone of semales assessed as	202 100	ATION — City or Town, State
	1 Donation 5 Other (Specify)	oval from Stata	Holu Holu	Rosary Cemetery	u Dun	dalk. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11	SE. HAME AND ADDITEDS OF FE	NOILLI I	6224
	> Charles	D. Zeel	w	Charles S.Ze	iler & Son.	Inc. Eastern Ave.
	23. PART i. Enter the diseases, or o	complications that cause	d the death. Do no			
	shock, or heart failure.	List only one cause on a				Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	a puto	roodi	vascular	Accide	The state of the s
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF:			
z		Advon	ced l	1rter 10.50	Jerosis	
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	11 100	1.0	
S	CAUSE (Disease or Injury	с				
1	that initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):			
CERTIFICATION		d				
_	PART II. Other eignificant condition	s contributing to death	but not resulting in	tha undarlying cause given in	Part I. 24s. WAS AN /	
ICAL					1 _ YES 2	COMPLETION DE CAUSE
AEC						1 YES 2 NO
PHYSICIAN: ME						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)	
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: Nursing Home 5 Residence	8 Other (Specify)	
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28d. DESCRIBE NOW IN	JURY OCCURED
B	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO		
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spo	Y — At home, ferm, str actly)	wet, factory, offica	28f. LOCATION (Street at City or Town, State)	nd Number or Rural Route Number,
COMPLETED	4 Homicide determined					
7	const. Only	_		at the time, data and place, and du		
Š	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	on and/or investigation	, in my opinion, death occured at the	e fime, data and placa, and	dua to the cause(s) and manner as stated.
					MARCO	29d. DATE SIGNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CEPTIFIE	R		29c. LICENSE NU	MIDEN	
B			کو		, mbcr	▶ 10 · 5 · 90
	30. NAME AND AGORESS OF PERSON WH	10 COMPLETED CAUSE OF D		Print)		
B		10 COMPLETED CAUSE OF D	ey Valley			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within a large famp. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use & the jurisaryan be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ist permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-314

Julia Davidson-Randall

DHMH-18 Rev 1/89

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5	9	CGO	를
BALIMO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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DIVISION OF VITAL RECORDS, P.O. BOX 13140,	dea	he att	uny,
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5	. OR	Pour	Item
	PITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1.0
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	2	23	Ξ

	FOR STATE REGISTRAR	STATE OF MA			TMENT ICATE					HYGIEN REG. NO.	-	0 2	27448
,	DECEDENT'S NAME (First, Middle, Last) Eduardo Jam	es SETH							2. DATE OF MONTH	er 2	1990	YEAR 3.	3:25 A M
	4. SOCIAL SECURITY NUMBER 578-40-9722	5. SEX 6. AGE (In yrs. last birthday) 7. DATE 9. AGE (In yrs. last birthday) 9. WONTHS DAYS HOURS MIN. 9. DATE 1.								a. BIRTHPLACE (Stoke or Foreign 28, "Part 1933 Washington,			
~	Sa. FACILITY NAME (If not institution, give a						A LOCATION					TY OF DEAT	
СТО	Doctors' Hospit						ım, M	aryı	and		Princ		orge's Co.
DIRECTOR	Maryland Princ	e George			y, town o		TON						INSIDE CITY LIMITS? ZYES 2 NO
RAL	10e. STREET AND NUMBER						ZIP CODI	E					T COUNTRY?
BY FUNERAL	2313 Romney Court	12. WAS DECEDENT E	VER IN U.S. ARA	AED			ENDENT O		IC ORIGIN?		Unite	14. RACE -	American Indian,
									Black				
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	e kind of	Work done	CCUPATIO	ON st of workin	ng	16b. K	IND OF BU	SINESS/IND		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			ion	Eore	man_			Go	werm	<u>rent</u>	
00	17. FATHER'S NAME (First, Middle, Last) Wayman E. Seth						200		ME (First, Mic Franc	91 5731	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street a			Route Number		m, State, Zip	Code)	
7	Etneta D. Seth 200. METHOD OF DISPOSITION		20b. PLACE C	F DISPO	SITION (No	me of cer	netery, cren	natory or	ver,	20c. LO	CATION - C		
	Burlet 2 Cremation 3 Rem		ME.	°0li	vet				ĈII ITV		hingt		
	- kning 6	Ment	28		7	474	Land	over	Rd.	B. Je Lando	enkins over,	Fune Mary	eral Home land 20785
	29. PAGE I. Enter the diseasee, or shock, or heart fellure.	complications that c	sused the dec on sech line.	eth. Do	not enter	ths mo	de of dy	ing, auci	h as cardle	c or reap	iretory srr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	"TER	MWA		Co	HCE	YL	07	· No	E P	mon	-GH-S	Onset and Death
7		DUE TO (O	AS A CONSEG	UENCE C	OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEO	UENCE C	PF):								
IIFIC,	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CDUE TO (OI	R AS A CONSEO	UENCE C	OF):								
CER		d											
CAL	PART II. Other significant condition				POS			given in		PERFO	RMED?	A	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE
MEDIC	MASENLEAD												F DEATH?
IAN:	25. WAS CASE REFERRED TO MEDICAL	K/T	rang		DU		LACE OF E	DEATH (Ch	eck only one)	_			
PHYSICIAN:	EXAMINER? 1 — YES 2 — NO 27. MANNER OF DEATH	HOSPITAL: 1 In Impatient 2 In Element 2 In E		DOA 28b. Til		raing Hon	ne 5 🗆 R	esidence	6 Other		INJURY OCC	NIDEO	
BY PF	1 Return 5 Pending 2 Accident Investigation	(Month, Dey,		200. TH	JURY M	WC	YES 2	□ NO	200. DE3C	NIDE NOW	INJUNI OCC	JONED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, atd	NJURY — At hou (Specify)	me, farm,	street, fac	tory, offic	OM .			TON (Street Town, State	end Number)	or Rural Roo	ite Number,
COMPLETED	(Check only	ER: On the best of exam											and menner se stated.
BE C	296. SIGNATURE AND THE OF CERTIFIE	SR .	-	^			29c. LJC	ENSE NUI	MBER		29d. DAT	E SIGNED (A	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)		1	161	97			W-5	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE										
	OCT 09 190			Buch									
		0		-									DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the law requires that the death or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burial-transit has find within 72 hours after health with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mustibe notified at once.
TO THE H	TO THE F	IMPORT

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Pages 1, 2, 3 should

permit.

90 27449 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Shoffner 3 20 Lrene mma A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE /State 09-584 HOURS 1 | M 2 | F 9c. COUNTY OF DEATH 9a, FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH Med DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION YES 2 NO 10 100. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 U.S.A. 12 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 TYES 2 NO Specify: ORCES? 1 YES 2 NO FORCES? 1 Never Married 2 Married BY 4 Divorced ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp most of working (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Howard COMPL Teacher 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Phillip Hutchins Christina Hutchins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vernon Hutchins 1728 N. Payson Street Balto., MD. 21217 20a. METHOD OF DISPOSITION
1 □ Burlei 2 K Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Metro Crematory 4 Donetion 5 Other (Specify) Balto., MD. 22. NAME AND ADDRESS OF FACILITY E.L. Phillips Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Decto Utha 1721-27 N.Monroe Street 21217 #281 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition OPSIA DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Osteomyelitis CERTIFICATION Sequentially list conditions, DUE TO (OR/AS A CONSEDUENCE DF): if any, leading to immediate essure Soves cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL of uncartain etrology AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Dementia Ponghand Vascular Disease 1 TYES 2 19-10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: tlant 2 ER/Outpatient 3 DOA rne 8 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide CB 6 Could not be 4 Homicide Щ 29a. CERTIFIER 1 DOERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

Year)

29b. SIGNATURE AND TITLE OF CERTIFIER	D19858	29d, DATE SIGNED (Month, Day,
GROUGE TOURS, M.D. 601 & Charles II Balt	more, Und. 2/2	30

George Chang St. Daltmore, JELLEY, M.D. 601 1

Julia Savidon-Randa 31. DATE (MOTTING 1990)

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

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23 shows any injury, or other

or Item

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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BE

2

BALTIMORE, MARYLAND 21203-3146 g hospital or attending 100 page 5 should be detached retained by the after death. Page 6 may the in by

> and completely in burial, cremation executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146, 9 attending physician requires that the death certificate be Hygiene signed by the atte this certificate has been with the State Dept. of AM. HOSPITAL OR ATTENDING PHYSICIAN: The the DIRECTOR: After to hours after death item 28 is mar TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

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Marie Control

TO BE COMP	D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
val.	e filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / I				EALTH AND		HYGIEN REG. NO.	E	90	27451
	1. DECEDENT'S NAME (First, Middle, Last							2. DATE OF	F DEATH DA	W	YEAR	3. TIME OF DEATH
	John	Heuisler	Stre					Oct.	2,	199	0	4:47 p.m
	4. SOCIAL SECURITY NUMBER 213-14-5402	5. SEX	6. AGE (In yrs. last : 78	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	Day Mart	. 10	Countr	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give		70	THS.	Oh CITY	TOWAL	R LOCATION OF D	Janua	ry 18		NTY OF D	esville,Md.
m l	Fallston Gen. H						ston	EAIH				d Co.
013	RESIDENCE OF DECEDENT									110	ITTOI	
DIRECTOR	10e. STATE 10b. COUN				Y, TOWN			1 0 1	C-11		İ	10d. INSIDE CITY LIMITS?
2	Md.	Harford			N CU	_	ker Mil.	ı Ra.	ral.	_		1 ☐ YES 2 ⊠ NO
FUNERAL		hitaker M	ill Bd			"		1047			S.A.	MAI COUNTRY
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM				ENDENT OF HISPA	NIC ORIGIN?			14. BACE	— American Indian,
Y. F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1)	YES 2 NO	0			polity Cubers, Mexico 200 NO Specif		an, atc.)		Speci	y:
COMPLETED BY.	15. DECEDENT'S EC	1		FOFNITIO		0015171		100.00				white
4	(Specify only highest gra-	de completed) College (1-4 or 5 +	(Gh	e kind of	USUAL O work done se retired.)	during mo	st of working	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
립	12 Yrs.	6Yrs.		inci	pal	Ret	ired	Ва	lto.	Co.	Scho	ol Dept.
S	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA					
BE (Francis A	. Street	t			Mary 6	⊃. Web	ster			
2	19a. INFORMANT'S NAME (Type/Print)		-0.0				nd Number or Rural					
	Mrs.Margaret M.	Danenmann					Rd. Kir					
	1 Suriei 2 Cremetion 3 Re	moval from State	o De place	aney	Val	ley	Mem. Gai	rdens	Tin	CATION —	im, M	d.
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			22.	NAME A	D ADDRESS OF FA	ACILITY				2
	► E. F. Jas	rahn			1	1750	Belair					neral Home 21087
	23. PART I. Enter the diseases, or	r complications that	caused the das	th. Do								Approximate
	shock, or heart fellum	. List only one cau	se on aech line.				4					Interval Between Onset and Death
1	disease or condition resulting in death)	. (//	robale	le	Co	rd	lai A	the	0			
l	resulting in death)	OUE TO	OR AS A CONSEQ	VENCE C	P):							
NO	Sequentially list conditions,	b	DUE TO (OR 95') CONSEQUENCE OF):									
ATI	if any, leading to immediate cause. Enter UNDERLYING	Q,	· Casa	A A	,,,	1	. ~	1				
임	CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CONSEQ	UENCE C	FI T		y an	mu	·			
CERTIFICATION	resulting in daeth) LAST	d										
											WERE AUTOPSY FINDINGS	
MEDICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								_ [1 TYES 2	. □ NO		OF DEATH? 1 YES 2 NO
3												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSSITAL			I		ACE OF DEATH (C	heck only one)				
YSI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu		e 5 🗆 Residence	6 🗆 Other ((Specify)			
	27. MANNER OF OEATH 1 Natural 6 Pending	28e. DATE OF (Month, D.	INJURY ay, Year)	28b. TII	JURY		PK?	28d. DESC	RIBE HOW I	NJURY O	CURED	
BY	2 Accident investigation	28e, PLACE O	F INJURY — At hor	ne. ferm	street fac		YES 2 NO	28f LOCAT	ION (Street	and Alumba	e or Bural i	Route Number,
	3 Suicide 6 Could not b	building,	etc. (Specify)			,	11		Town, State)		W OF FRANCE	TOURS INDIVIDUE,
COMPLETED	299. CERTIFIER 1 CERTIEVING DAVSICIAN: To the heat of my trombelon death account of the time day and also and disc to the county) and											
M	anal and											s) and manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIF	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner early medical examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner early medical examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner early medical end of the cause(e) and manner end of the cause(e) and man								(Month, Day, Year)		
BE C	Joseph	(Koen	parel	1			D 1567					2,1990
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Typ	e, Print)							
	Joseph Reinha	ardt M.D	2003	Roc	k Sp:	rina	Rd. For	est H	ill,M	d. 2	1050	
	31. DATE FILED (Month, Day, Year)	ardt M.D. 32. REGISTRA	R'S SIGNATURE			1.00		and the same of				
	OCT 9 1990 S	thing Navidson	-Northwese									

The state of the s

al-transit permit. Pages 1, 2, 3 should

UNERAL DIRECTOR

1 - FOR STATE REGISTRAR

10a. STATE MD

1. DECEDENT'S NAME (First, Middle ' 't)

4. SOCIAL SECURITY NUMBER

176-34-3353

10e. STREET AND NUMBER

RESIDENCE OF DECEDENT

Barbara Ann Shirk

9a. FACILITY NAME (If not institution, give street and number)

Howard County Hospital

10b. COUNTY

14234 Day Farm Road France

5. SEX

Howard

1 M 2000K

12. WAS DECEDENT EVER IN U.S. ARMED

BY F	1 Never Married XX Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 X NO Speci		ican, etc.)		
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT (Give kind o life. Do NOT	S USUAL OCCUPAT f work done during muse retired.)	ION lost of working	16b.	KIND OF BU		
COMPL		4 years	regi	stered	nurse	n	nedic		
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
BE C	Woodrow N. Mo	ats			Mary 1	E. Br	cown		
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural				
-	Robert A. Sl		142	34 Day	Farm Ro	oad/(Glene		
	20. METHOD OF DISPOSITION X Burial 2 Cremation 3 Rer 4 Committee C	moval from State	ob. PLACE OF DISP Other place) Gravel		emetery, cremetory or Cemetery	y	Pa.		
	21. SIGNATURE OF FUNE AL SERVICE L	Las. Eal		Ster	ling As Edmonds	shtor			
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions are conditions.	c. MOX oue to (on A		OBO N STC	ESITY	Part I.	24a. WAS AP PERFO 1 YES		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		· · · · · · · · · · · · · · · · · · ·	PLACE OF DEATH (C	heck only on	0)		
SIG	1 TYES 2 NO	1 Inpetient 2 PR/O	utpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 🗆 Other	r (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. T	NJURY W	DF 28c, INJURY AT		CRIBE HOW		
60	2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
COMPLET	200	SICIAN: To the best of my kn							
BE	206. SIGNATURE AND TITLE OF CERTIFI	with unt			29c. LICENSE NU	IMBER			
TO 8	30 NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF	/1	pe, Print)	0				

STATE OF I	MARYLAND C				HEALTH DEAT		MEN	NTAL HYGIE		90	27452
irk_						rginal .	2.	DATE OF DEATH	7	90°	3. TIME OF DEATH
SEX	6. AGE (In v= 14		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		N8/42		Counti	
M 2000K	40	YAS.	0(7)		TO LOCATE		T,	1,0/42	1 2 00		nsylvania
t and number)	. 1				OR LOCATIO		EATH			UNTY OF D	
lospita	aı _		_ 00	Lum	nbia	10-			H	owar	ď
-0			Y TOWN		TION						10d. INSIDE CITY LIMITS?
ward		⊥ G.	lene		n. zir codi	10	13				XX YES 2 NO
Dood f	0. 10		1.8	10	2173			1727	10g. C		WHAT COUNTRY?
FORCES?	NT EVER IN U.S. A	BMED NO		If yes, sp	CENDENT O	F HISPA	nn, Pu	PRIGIN? (Specify) parto Rican, etc.)	ea or No—	USA 14. RACI Black Spec	E — American Indian, k, White, etc.
TON mpleted) College (1-4 or 5	+)		work done se retired.)	during m	iost of worldn			16b. KIND OF B		NDUSTRY	7
4 year	rs 1	egis	ster	ed	nurs			medi			
s					31 HV		-	Brown	n sumame,		
3	1	9b. MAILING	ADDRES	S (Street		_	_	Number, City or To	wn, Stete, 2	Zip Code)	
rk	W. 3	1423	34 D	ay	Farm	n Ro	oad	d/Glen	elg,	MD	21737
ol from State	other o	olace) _	Hil	.1 (emetery, crem Ceme t	tery		Pa		a, P	
5. Q	elle	_	S	ter		3 As	sh	ton Fu			me, Inc. . MD 2122
	at caused tha duse on each lin	18.	£ .	tha m	oda of dy	ing, suc		(lowlo	,	erreat,	Approximata Interval Between Onset and Death
OUE TO	war	av	mos	+	•		T				
OUE TO	ORB:	EQUENCE O	C	BS	eSI	TY					
H	1 PER	TG.	NS	I	X)						
contributing to	o death but not	resulting	in the u	ndertyir	ng cause	given ir	Par	PERF	ORMED?	Y 24t	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Innetlant 2	SQR/Outpatient	3 🗆 DOA	OTHE	R:	PLACE OF D						
28a. DATE O	FINJURY	28b. Tilk	AE OF	28c. IN	JURY AT	ancence	1	Other (Specify) d. DESCRIBE HOY	V INJURY C	CCURED	
(Month,	Day, Year)	, in	JURY		YES 2	NO					
28e. PLACE building	OF INJURY — At 1 1, etc. (Specify)	nome, farm,	street, fac	tory, offi	ice		28	I. LOCATION (Streetly or Town, Sta	et and Numi te)	ber or Rurel	Route Number,
	of my knowledge, o										a) and manner as stated.
×4						ENSE NU	_		29d. D		O (Month, Day, Year)
TOMBI ETER CO	HEE OF DEATH #7	EM OF C	() () () () () ()							VIT	170
/	USE OF DEATH (IT	EM 211 Type	16	-7-	. 0						

AND THE RESERVE OF THE PERSON NAMED IN

s PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retired to retending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director, page 5 now Completely filled in by the funeral director and for the funeral director and funeral directo		
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B retuin	5 5	-	netille
may b	or, page		ust be
Page 6	al direct		mer m
er death.	the funer	Voll.	п ехаш
nours aft	d in by	on remo	medica
thin 24 h	stely fille	mation,	it, the
uted wit	d comple	unda, cre	ic ever
be exec	ician and	NOT THE USE	гаита
ertificate	ng phys	IN THE STATE DEPT. OF REALTH AND MERICAL HYGIERE PRICE DURING, CICINALIUI, OF TETHONAL.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neither are the
death c	e attendi	emai riy	ILY. Or
that the	od by th	n and M	iny in
requires	en sign	or ream	HOWS
The law	e has be	ie Dept.	m 23
SICIAN:	certificat	The Sta	or ite
NG PHY	fter this	ATT WITH	is marked
NUTENDI	CTOR: A	affer or	28 is
TAL DR	AL DIRE	be filed within 72 hours after death v	H item
HOSPIL	FUNER	WITHIN	PORTANT: If it
HE C	THE OF	De filed	IMPO

1 - STATE REGISTRAR	STATE OF MARYLANI	O / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEN		27453				
1. DECEDENT'S NAME (First, Middle, Bertholds, Middle, 4. SOCIAL SECURITY NUMBER	na N/A	Smi+	YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DO	90	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH AM AM AM AM AM AM AM AM AM A				
130-18-2042 98. FACILITY NAME (If not institution	1 □ M 2 □ ▼ 79	YRS. MONTHS	DAYS HOURS MIN.	3/10/10	Ce	.Carolina				
MERIDIAN NU	RSING HOME	В	ALTIMORE		BA	LTO.				
	BALTO.	10c. CITY, TOWN OF	LTIMORE C	ITY	10a, CITIZEN (10d. INSIDE CITY LIMITS? 1 YES 2 NO DE WHAT COUNTRY?				
3507 LYNNEH 11. MARITAL STATUS 1. Never Metried 2 Metries	AVEN DRIVE 12. WAS DECEDENT EVER IN U.S	. ARMED 13, W	21.22 AS DECENDENT OF HISPA		0r No- 14. F	SA RACE — American Indian.				
3 XWidowed 4 Divorced	FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	NO It	yes, specify Cuben, Maxic YES 2 NO Speci	en, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK				
15, DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Let	S EDUCATION 19rade completed) College (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUSTF	Y				
17. FATHER'S NAME (First, Middle, La	st)		18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)					
CHARLIE SIN			ROS	E SINGLE	TON					
198. INFORMANT'S NAME (Typerfin			(Street and Number or Rural							
ELEANOR VAL		3507 LYN ACE OF DISPOSITION (Nam	NEHAVEN D		CATION — City of					
1 Denation 5 Other (Specify	Removal from State oth	er place)	R CEMETER		TONSVI					
21. SIGNATURE OF FUNERAL SERV	112		AME AND ADDRESS OF FA	ACILITY	ineral!	Yone 11				
1 Oll	104 A 114	PH 1	evoy O. Prove	H Json 7	16001:	hed Highly Bay 7				
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. DUE TO (OR AS A COL	NSEQUENCE OF):	nellite	3		Interval Batween Onset and Daeth				
	dd. Iditions contributing to death but in		dariying cause given in	1 Part I. 24s. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDI EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINED? 26. PLACE OF GEATN (Check only one)									
			ing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO							
2 Accident Investig 3 Suicide 8 Could 4 Homicide determine	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, street, facto		281. LOCATION (Street City or Town, State	et and Number or Rural Route Number, (e)					
e anol	(Check only XX CERTIF TINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
29b. SIGNATURE AND TITLE OF CE	Cres 1	M. D.	D209			NED (Month Day, Year)				
Jerome H. Gins	berg, M. D.; 8630	Liberty Pl	laza Mall;	Randallsto	wn, Md.	21133				
CT 0 9 1990	lia Davidson-Rando M	AE.								

permit. Pages 1, 2, 3 should

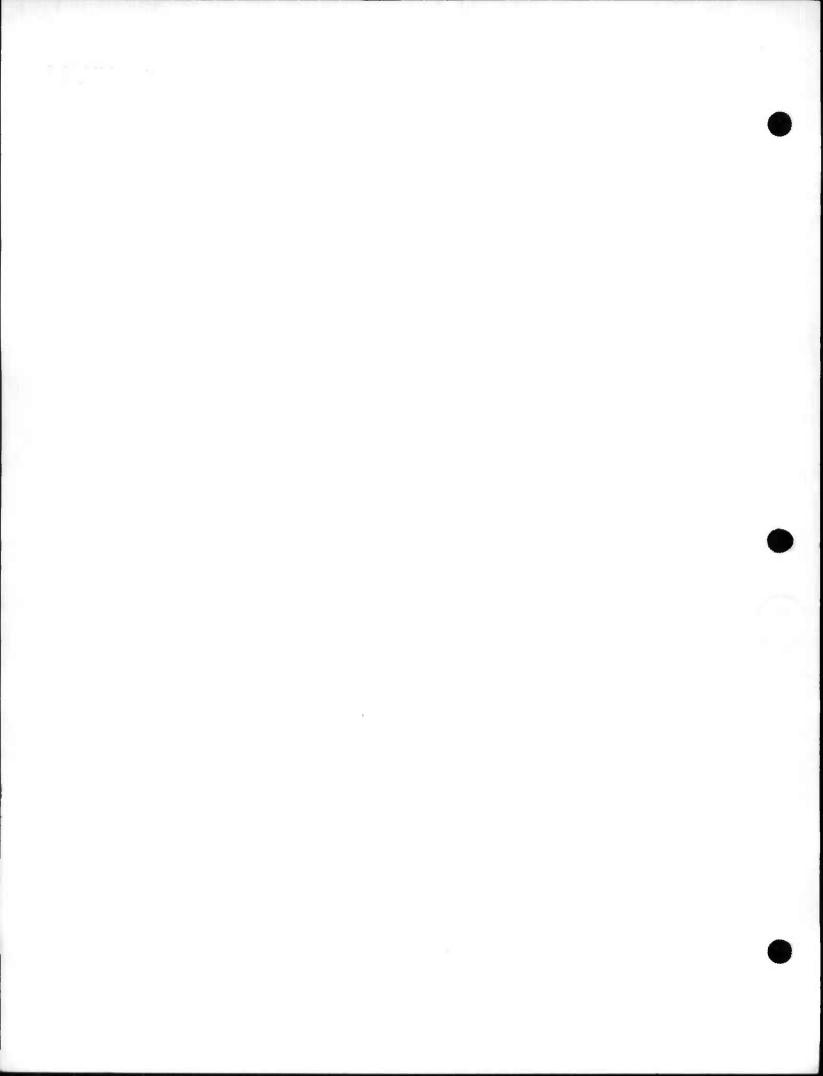
	1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HE		MENTAL	HYGIENE REG. NO.	9	0 27454		
	1. DECEDENT'S NAME (First, Middle, Last	CLARE A. SC	COTT		4	2. DATE O MONTH	F DEATH DAY	190	AR 945 PM		
	4. SOCIAL SECURITY NUMBER 220-44-6418	1 - M 2 X F 103	YRS.	MONTHS DAYS	IF UNDER 24 HRS.	8-6	Day, Year)	1	ARYLAND		
TOR	9a, FACILITY NAME (If not institution, give to Keswick RESIDENCE OF DECEDENT	treet and number)		Balti	more	0	ity oc.	COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION	MORE C	CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	700 WEST 40 TH	I STREET		10f. 2	21211		10g.		OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 X NO DATES	If yes, spec	IDENT OF HISPA Ity Cuban, Maxico NO Specifi	in, Puerto Ri	(Specify Yea or No can, etc.)		RACE — American Indian, Black, White, etc.		
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 1 2		16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEW	ork done during most retired.)	of working		OWN HO		RY		
	17. FATHER'S NAME (First, Middle, Last) CHARLES	LURMAN	HOUSEW				ddle, Malden Suma BUNIC	me)			
TO BE	190. INFORMANT'S NAME (Type/Print) CHARLES L.SCOT		109 E	ADDRESS (Street and AST MAI	N ST.E		N,MD.2	192:	1		
	20a METHOD OF DISPOSITION 1 X Burial 2 Cramation 3 Rem 4 Donation 8 Other (Specify)	loval from State	RUID RII	DGE CEM	ETERY		BALT	IMO	or Town, State RE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LI	LITT					& SON BALTO.		21212		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Celless DUE TO (OR AS	A CONSEQUENCE OF:	revsel	o mals				Interval Between Onset and Death Clokes 5 year		
A K	PART II. Other significent condition	na contributing to death	but not resulting in	the underlying	cause given in		24a. WAS AN AUTO PERFORMED 1 YES 2 X N	2	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26, PLA QTHER:	CE OF DEATH (C	heck only one)				
PHYS	1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 8 Pending	1 Inpetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year)		4X Nursing Home OF 28c. INJUI WOR	RY AT	-	(Specify) CRIBE HOW INJURY OCCURED				
TED BY PH	1 Natural 8 Pending Investigation 2 Accident Suicide 6 Could not be determined Selection 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Poute Number, City or Town, State)										
BE COMPLETED		ICIAN: To the best of my kno							use(s) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	W. elson	h mo		DI 24	MBER	29d	DATE SI	GNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WE E.HUNTER WILSO		ÉATH (ITEM 27) (Typo, F MEDICAL		UILDIN	IG, BA	LTO.MD	.212	211		
	31. DATE FILED (Month) Day, Year)	Julia Davidson	NATURE ROLL	1							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	OF MARYLAND	DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	Ή		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E 3(21433
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
Dadisi	Sippli	.ne			10 1	90	9:00 PM
4. SOCIAL SECURITY NUMBER	SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
212-02-2608	X M 2 □ F 17	YRS.	THS DAYS	HOURS MIN.	10/12/19		ALTIMORE, MD.
9e. FACILITY NAME (If not institution, give street	t and number)	96	CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUNTY	
University Hospi	tal		Balt	imore Ci	ty		
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
MARYLAND		BAL	ΓΙΜΟRE,	MARYLAN	ND		1 TYES 2 NO
10e. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
1612 S. LEMON STR	EET		2	1223		USA	
11. MARITAL STATUS 1 1 X Never Merried 2 Merried	2. WAS OECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES X		2 NO Specify			Specify: BLACK
15. OECEDENT'S EDUCAT	TION	16a. DECEDENT'S USU	IAL OCCUPATIO	N	16b. KIND OF BUS		
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mor	st of working	100111111001		
12	College (1-4 or 5+)	Student	-		нтсн	SCHOOL	
17. FATHER'S NAME (First, Middle, Last)		Dududii		16. MOTHER'S NA	ME (First, Middle, Maiden		-
ALTON SIPPLI	NE			VALER	RIE DAVI	7.5	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street e		Route Number, City or Tow		de)
VALERIE DAVIS		1612 S.	LEMON	STREET.	BALTIMORI	E. MARYT	AND 21223
200 METHOD OF DISPOSITION		PLACE OF DISPOSITIO					or Town, State
1 A Suriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		ARBUTUS ME	EMORIAL	PARK	ARI	BUTUS.	MARYLAND
21, SIGNATURE OF FLIRERAL SERVICE LICEN	GEE SIN	in the same of the	22. NAME AN	D ADDRESS OF FA	CILITY RS FUNERAL	HOME T	
- Thorse M	1110/						AARYLAND 21217
23. PART I. Enter the diseases, or co	mplications that caused	the deeth. Do not					
ahock, or weart fallure. Lie	at only one cause on as	ch line.		- 25			interval Batween Onset and Death
IMMEDIATE CAUSE (Finei disease or condition		Stab Woun	d of C	hest			
resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	o or o	1000			
Sequentially list conditions, If any, lasding to immediata	OUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or Injury							
thet initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
d.							
PART II. Other significant conditions	contributing to deeth be	ut not resulting in t	the underlying	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		-			_ ••		1 TYES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UOSSITA I			ACE OF DEATH (C)	neck only one)		
	HOSPITAL: I ☐ Inpatient 2∑ ER/Outp		THER:	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WC	URY AT PRK?	28d. DESCRIBE HOW		
1 Natural 5 Pending 2 Accident Investigation	10/1/30	5:34P		YES 2 X NO	subject w		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	tly)		•	281. LOCATION (Street City or Yown, State		
2		on street			rederick		Pulaski St.
Crieck brilly	AN: To the best of my know	edge, death occurred a	nt the time, date	and place, and due	to the cause(a) end me	nner se stated.	o. City, Md.
one) ZE MEDICAL EXAMINER	On the basic of examination	end/or investigation,	in my opinion, c	leath occured at the	time, date end place, a	nd due to the c	cause(a) and manner ee stated.
296. SIGNATURE AND TITLE OF CENTIFIER	#			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)
16/100	1 as			OCME			10/2/90
Frank J. Peretti			int) Penn S	 t.	Baltimor	e, Md.	21201
31. DATE FILEO (Month, Day, Year)	32. REGISTRAN'S SIGN	ATUBE				-,	
OCT 09 1990 4	his Davidson-Aan						



1. DECEGENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF GEATH YEAR CARI RAVERS CA 10.0PM. 28 90 4. SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-07-3093 DAYS 1 M 2 F 83 10 5 Maryland 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH IRECTOR Liberty Medical Center Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD **Baltimore** 1 7 YES 2 | NO FUNERALD 10- STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3019 Chelsea Terrace 21216 USA the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify/Cuban, Mexican, Puerto Rican, etc.)

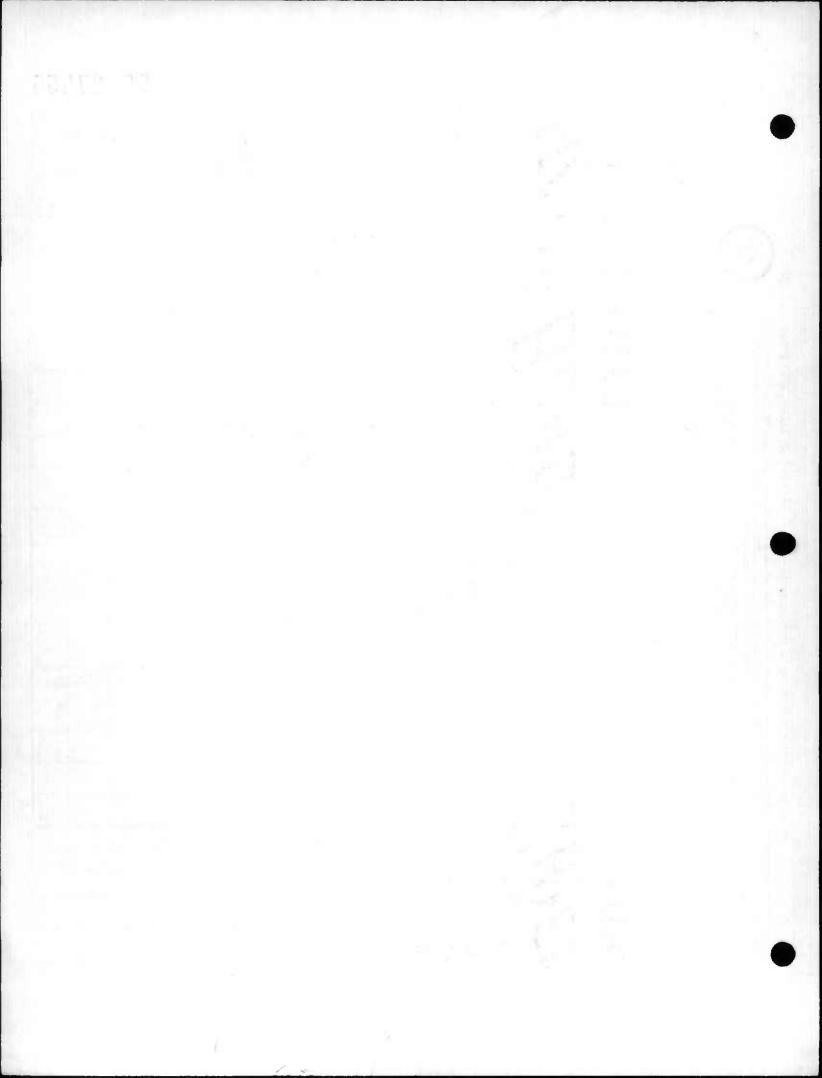
1 YES 2 NO Specify: 1 Never Married 2 Marri Specify: 合 3 💟 Widowed 4 🗌 Divorced be detached for use as the Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to be retained by BE signed by the attending physician and completely filled in by the funeral director, page 5 should Heath and Mental Hyglene prior to burial, cremation, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louis Travers 3019 Chelsea Terrace. Baltimore. 21216 Maryland must be 20a. METHOD OF DISPOSITION
1 [V] Buriel 2 Cremation 3 1 20b. PLACE OF DISPOSITION (Name of cemetery, cre 20c. LOCATION - City or Town, State hours after death. Page 6 may 1 M Burial 2 Cremation 3 4 Donation 5 Other (Specify) Arbutus Memorial Park Arbutus, Maryland the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home-West 4300 Wabash Avenue 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Geofmake law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): nation neum CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CO SEQUENCE OF: If any, leading to immediate cause. Enter UNDERLYING with Helastin CANCER CAUSE (Disease or injury that initiated events resulting in death) LAST other DUE TO (OR AS A CONSEQUENCE OF): 6 23 shows any injury, 24a. WAS AN AUTOPSY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 | YES 2 | NO 6 certificate has been PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Hem State HOSPITAL:
1 | Inputiont 2 | ER/Outputiont 3 | DOA OTHER: HOSPITAL DR ATTENDING PHYSICIAN: 1 YES 2 NO g Home 5 - Residence 6 - Other (Specify) the: 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 26b. TIME OF marked, with this 1 Natural 5 Pendit 1 YES 2 NO L DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. TO THE FUNERAL I be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of exam sation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 黑黑黑 39 2260610 9-28-90 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) QADIR MC MAN2001 31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE

BALTIMORE, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

09 1990

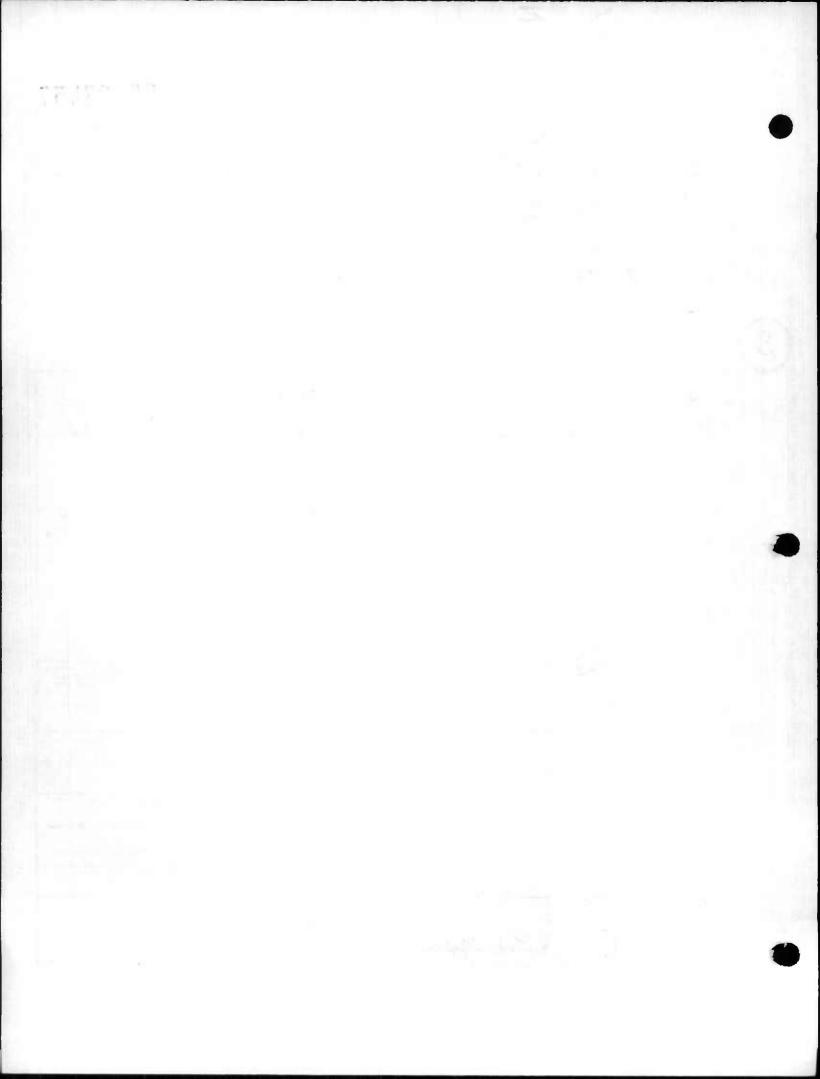
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MARYLAND 21203-3146



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4	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENI REG. NO.	90	27457
	1. DECEDENT'S NAME (First, Middle, Leet)	AYLOR			2. DATE OF DEATH MONTH DA	Y YEAR	IME OF DEATH
	110 00-1310	SEX S. AGE (In yrs.	73 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 8 17,97	Country) MAR	CE (State or Foreign
DIRECTOR	RESIDENCE OF DECEDENT	S P.		BALTIMORE		9c. COUNTY OF DEATH	
	MARYLAND 106. COUNTY 106. STREET AND NUMBER		BALTI				INSIDE CITY LIMITS? YES 2 NO
FUNERAL	120 N. PAYSOI	. WAS DECEDENT EVER IN U.S.		21223		4.5	American Indian,
ED BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes, specify Cuban, Maxica 1 YES 2 NO Specif	y:	Specify: 7	BLACK
PLETE	(Specify only highest grade con	pleted)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
BE COMPLET	17. FATHER'S NAME (First, Middle, Lest) JOSH JOHNSON	1		10. MOTHER'S NA Hahi	ME (First, Middle, Maiden:		
10	19a. INFORMANT'S NAME (Type/Print) Benjamin Ewi	211	19b. MAILING A CORE	SS (Street and Number or Flural) Payson	+ Bab	A, State, Zip Code) A MA Z CATION — City or Town, S	2/223
	1 A Buriel 2 Cremetion 3 Remove Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENT	from State other	place) Arbu	Name of cometery, crematory or Henry 19	Park Ar.	butus, red	Neta
	23. PART I. Enter the diseases, or com	plicetione that caused the	death. Do not ent	March F. F.	wabas wabas h es cerdiec or respi	of Aire ratory street,	Approximate
	shock, or heert fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death) s	DUE TO (OR AS A CON)	uau c	ron Hm	ري		interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	al a	both			
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions of	ontributing to deeth but no	t resulting in the	underlying ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED? AVAI CON OF I	RE AUTOPSY FINDINGS ILLABLE PRIOR TO RPLETION OF CAUSE DEATH? YES 2 NO
YSICIAN		OSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (C)			
BY PH	27. MANNER OF DEATH 1. Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW II		
BE COMPLETED BY PH	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)			City or Town, State)	and Number or Rural Route	Number,
	(Check only	N: To the best of my knowledge, on the basis of examination and/		opinion, death occured at the	time, data and placa, an	d due to the cause(s) and	
TO BE	30. NAME AND AGORESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	29c. LICENSE NU	WOER	29d. DATE SIGNED (Mor	ки, олу, товг)
	MOGES GEBre 31. DATE FILED (Morth, Day, Year)	MOTO OWN) 32. REGISTRAR'S SIGNATURE	F /	660 Wilkens	Ave H 20	2	
	OCT 09 1990 9	hia Davidson-Rand	456				



3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign Country) NEW YORK

10d, INSIDE CITY LIMITS?

1 - YES 2 X NO

YEAR

1990

9c. COUNTY OF OEATH

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

2. DATE OF DEATH MONTH DAY

OCTOBER 4

7. DATE OF BIRTH
(Month, Day, Year)
FEB. 18,1938

10a. STATE

MARYLAND

10e. STREET AND NUMBER

4. SOCIAL SECURITY NUMBER

577-50-4780

RESIDENCE OF DECEDENT

14914 BUSHY PARK

JANET L. TRAPANI

9a. FACILITY NAME (If not institution, give street and number)

6. SEX 1 M 2 XF

ROAD

MONTGOMERY GENERAL HOSPITAL

10b. COUNTY HOWARD 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS DAYS HOURS MIN.

10c. CITY, TOWN OR LOCATION

WOODBINE

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

21797

OLNEY

YRS.

JANET LORRAINE TRAPANI

DIRECTOR

NERAL

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BY FU	1 Never Merried 2XX Married 3 Widowed 4 Divorced	FORCES? 1 I	YES 2XXINO	If yes, s	pecify Cuben, Mexican S 2 NO Specify:		can, etc.)	Black, W Specify:	WHITE
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 8+)	16a. OECEDENT'S (Give kind of w life. Do NOT use	ork done during m	ON ost of working	16b.	KIND OF BUSINESS/IN	DUSTRY	
교	Solitonal potential y (0-15)	4	HOUSEWIF	E			OWN HOME		
COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM	IE (First, M	iddle, Melden Surneme)		
BE	VINCENT G: IORIO				RUBY H	ACK			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural R	oute Numbe	er, City or Town, State, Zi	ip Code)	
유	PAUL F. TRAPANI		14914	BUSHY	PARK ROAD	, WOO	DBINE, MAI	RYLAND	21797
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Red 4 Donetion 5 Other (Specify)	movat from State	ST. JOHN'	S CEMET	emetery, cremetory or ERY	11.	ELLICOT		, MARYLAN
-	21. SIGNATURE OF FUMERAL SERVICE L) '	the	LEROY		SELL	C. WITZKI		
	23. PART I. Emer the disesses, or shock, or heert failure IMMEDIATE CAUSE (Finel						lec or respiratory si	rrest,	Approximete Interval Betwee Onset end Deat
	disease or condition resulting in death)	· Meta	11-16	rand	Carina	12			6 ms.
4: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition	d	AS A CONSEQUENCE OF		ng ceuse given in	Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	A CC	ERE AUTOPSY FINDING MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF OEATH (Che	ck only on)		
Sic	1 TYES 2 THO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	me 8 - Residence	B 🗆 Other	(Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF thJ (Month, Day,)		URY W	JURY AT ORK? YES 2 NO	28d. DE\$	CRIBE HOW INJURY OF	CCURED	
8	3 Suicide 6 Could not b 4 Homicide datarmined	28 PLACE OF S	JURY — At home, farm, ((Specify)	street, factory, off	Ice		ATION (Street and Number Town, State)	er or Rural Rou	te Number,
COMPLET	CONSTRUCTION OF THE PROPERTY O	SICIAN: To the best of my							nd manner ee stated.
V 11	- V	10,11	20,00	ny	29c. LICENSE NUN	BER	29d. DA	/ . /	onth, Day, Year)
88	296. SIGNATURE AND TILE OF CERTIFI	W NU	Very /		000		- (0/5/	0
ш	30. NAME AND ADDRESS OF PERSON V	milly, mi	1811	Print) PNHCe	Philip	DI.	Olay, r	10	10
88	Jume	WHO COMPLETED CAUSE OF THE PROPERTY OF THE PRO	1811	Print) Printe	Philip	DI.	Olay, r	JO 2	

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 70 hours after heart with the State heart of Hearth and Mental Horiene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	MILE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first sudden and completely filled in by the first sudden within 20 hours after death with the State Deat of Health and Mertial Hopiere prior to burial, cremation, or removal.	ven
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Than	st, Middle, Last)	Josep	by M	T	homp	son	L		2. DAT	E OF DEATH	30	YEAR	3. TIME OF DEATH
4. SOCIAL BECURITY NUM	15	5. BEX	S. AGE (In	vrs. last birthday)	IF UNDER	1 VEAR	IF UNDER	D 24 UDB	7 DATE	OF BIRTH	00	95	HPLACE (State or Foreign
219-14-56		1 M 2 F		775. INST. DITUTORY)	MONTHS	DAYS	HOURS	MIN.	(Mor	th, Day, Ybar)	192	Coun	eyser, W.V
Se. FACILITY NAME (If not	institution, give a	treet and number[_],			9b. CITY	, TOWN C	OR LOCATI	ION OF DE	May	1 22,		INTY OF I	
Presiden	riai M	loods "	Cent	cer		Ade	lph	i			Pr	inc	e Georges
RESIDENCE OF DE	CEDENT	,		10c. CIT	Y. TOWN C	OR LOCAT	TION						10d, INSIDE CITY
Md.	Prin	ice Geor	rges		ew C			ton					LIMITS?
100. STREET AND NUMBER	R	Stree				101	20°	784			10g. C/1		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Dividence 4 Dividence 1	Merried	12. WAS DECEDENT FORCES? 1 IF YES, OIVE WORLD	T EVER IN U	2 NO		If yes, sp		en, Mexica	n, Puerto	IN? (Specify Y Rican, etc.)	es or No—	14. RAC Blac Spe	CE - American Indien, ck, White, atc. city:
	CEDENT'S EDU			6a. DECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF B	USINESS/IN	DUSTRY	willice
	nly highest grade			(Give kind of	work done	during mo	set of worki						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		Cont	ract	: Ne	egot	iat	er	U.S	• De	pt	of Defens
17. FATHER'S NAME (First,										Middle, Maide		~	
Joseph		i Thom	oson							izabe			
Mrs. Lind:		ici owi o	79	1						mber, City or To			20721
200. METHOD OF DISPOSE		STEWIC		1 2 2		Sunflower Circle, Mitchellville ON (Name of cometery, cremetery or 20c, LOCATION — City or Town, 8							
1 Donation 5 Oth		oval from State		otomac					den				W.Va.
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE	-	_			ND ADDRE						. Main St
1	1	/ V										ם מו	a TIOTH W
IMMEDIATE CAUSE (F	heart feilura.	complications the	use on eac	ch line.	not anter	r the mo	ode of dy	ying, auc	h aa ce	rdiac or rea	me K	eys	er, W.Va. Approximata interval Batwe Onset and Dec
shock, or	heart feliura.	a. DUE TO	OR AS A COLOR OF A COL	CONSEQUENCE CONSEQ	not anter	r the mo	ode of dy	ying, auc	CV	rdiac or rea	me K	Ceys	Approximata interval Batwe Onset and Dec
shock, or IMMEDIATE CAUSE (F disease or condition reaulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	heart fellura.	a. DUE TO DUE TO DUE TO	OR AS A COOR AS A COOR AS A CO	consequence of	PF):	the mo	ode of dy	ying, auc	Car Ian	rdiac or rea	me K piretory a	rreat,	Approximata interval Batwe Onset and Dec
shock, or IMMEDIATE CAUSE (F disease or condition reaulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	heart fellura.	a. DUE TO DUE TO DUE TO	OR AS A COOR AS A COOR AS A CO	consequence of	PF):	the mo	ode of dy	ying, auc	Car Ian	24a. WAS	me K piretory a	rreat,	Approximate interval Batwo Onset and Dec
shock, or IMMEDIATE CAUSE (F disease or condition reaulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	heart fellura.	a. DUE TO DUE TO DUE TO DUE TO C. DUE TO	OR AS A COOR AS A COOR AS A CO	consequence of	DF): OF): OF): In the un	r the mo	ode of dy	ying, aud	CC /Ccc	24a. WAS A PERFI	me K piretory a	rreat,	Approximate interval Batwe-Onset and Dec
shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	heart fellura.	a. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A C	CONSEQUENCE CONSEQ	OF): OF): OF): OF): OF): OF): OF): OF):	nderlyin 26. P R: raing Hor	ode of dy	given in	/Cur Part I.	24a. WAS A PERF 1 YES	me K piretory a	rreat,	Approximate interval Batwe-Onset and Dec
shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	heart fellura.	B. DUE TO DUE	O (OR AS A C	consequence of the consequence o	OF): OF): OF): OF): OF): OF): OF): OF):	nderlyin 26. P P: raing Hor	ede of dy	given in	/Cur Part I.	24a. WAS A PERF-1 YES	me K piretory a	rreat,	Approximate interval Batwe-Onset and Dec
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ipital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO, BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

403 & f 31. DATE FILED (MONTH, Del); Nour) 000 & \$1990/ 3

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Randell

	First, Middle, Last)			CERTIF					2. DATE	REG. NO			3. TIME OF DEATH
Catherine	e C. The	ompson							Octo		199	YEAR	
4. SOCIAL SECURITY NU 218-01-31		6. SEX	8. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1 1	YEAR DAYS	IF UNDER	MIN.	(Month	OF BIRTH Day, Year)		Cour	THPLACE (State or Foreign ntry)
401 Folso					9ь ситу, т Balt	-		ION OF O			9c. COU		
RESIDENCE OF D													
Maryland	10b. COUNT	ity			y, town on altimo		ION						10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
IOo. STREET AND NUMB						10f.	ZIP COD	7					WHAT COUNTRY?
401 Folso	om Stree	et			25.0	L	2123	30			Ü	J.S.	Α.
II. MARITAL STATUS L. Never Married 2. 3 Widowed 4 []		12. WAS DECEDED FORCES? IF YES, GIVE 1	1 YES	2: NO	H y	es, spe		n, Maxic	an, Puerto I	i? (Specify Ye Rican, etc.)	a or No—	Ble	CE — American Indian, lick, White, etc.
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9 Years		College (1-4 or 5	+)	Seamstr	se retired.)	my mo	at or worth	· · · ·		Clot	hing		
17. FATHER'S NAME (Firs William I						3		HER'S N		Middle, Melden	Surname)		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CI	RTIFIC	CATE OF	DEATH	REG.	NO.		
1. OECEDENT'S NAME (First, A	fiddle, Last)	Elsi	le L.	Taylo	r		2. DATE OF DEATH	DAY	YEAR 990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216 32 43		5. SEX 1 M 2 F	6. AGE (In yrs. les 84		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 10-30-		8. BIRTHP Country)	ryland
9a. FACILITY NAME (If not insti 1918 No.	rth Av	Carlotte Control				dena	EATH		nne A	Arundel
nesidence of dece	10b. COUNTY	ne Arunde	1		TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER 7825 SOI						21122		10g. CITI		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	larried	12. WAS OECEDEN	YES 2 X		If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.		14. RACE Black, Specify	- American Indian, White, etc.
15. OECEI (Specify only I Elementary/Secondary (0-1: 5th Grade		College (1-4 or 5+) (G	CEDENT'S UNIVERSITY OF NOT USE		ON ast of worlding		ne Make		
17. FATHER'S NAME (First, Mich.	de, Lest) seph	Cramer					ME (First, Middle, Mei na Martii			
194. INFORMANT'S NAME (Type Elsie Tay			19	6. MAILING /	orth Bo	NORIH BEND ne-Road	ROAD BAI	TIMORE	Mary1	and 21229
20a. METHOO OF DISPOSITIO 1 Description 2 Cremation 4 Donation 5 Other (S	N 3 🗆 Remo	wal from State	other pi	OF DISPOSI		metery, crematory or	200	LOCATION	City or Tow	
21. SIGNATURE OF FUNERAL	SERVICE LIC	Je La	110		22. NAME A GEO 400	rge J. G	once Fund e Hwy. Ba	eral Ho	ome P	A. 21225
23. PARTAL Enter the disease or condition resulting in death) Sequentially flat condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ins, late	OUE TO	se Dn eech line	OUENCE OF	04 (e): 5		e Tas 7		rest,	Approximate interval Between Onset and Death
PART II. Other significan	t condition	s contributing to	death but not	resulting in	n the underlyin	g cause given in	PEF	S AN AUTOPSY OFFORMED? S 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	FR/Outpetient		26. P OTHER: 4 Nursing Hor	LACE OF DEATH (Ch	6 Cher (Specify)			
3 Suicide 6 C	ould not be	28a, DATE OF (Month, D	INJURY	28b. TIME INJU	OF 28c. IN. WY M 1	JURY AT DAK? YES 2 ND	28d. DESCRIBE HO 28f. LOCATION (Sh	OW INJURY OC		oute Number,
29a. CERTIFIER 1 CERTIF		The second secon					to the cause(e) and	manner as sta) and manner as stated.
296. SIGNATURE AND TITLE O	OF CERTIFIER	How	太	m.	0.	29c. LICENSE NUI	MBER 738	29d. DAT	TE SIGNED	(Month, Day, Year) Y/90
30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	CATY	7 S	Print) Aqu	ahar7	- Rd.	Gles	Bu	vuie, ao
OCT 09 1990	Ju	32. REGISTRA	R'S SIGNATURE	-4,						

nsit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacfed for be fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

moi program ding physician.	burial-transit permit. Pages 1, 2, 3 should	S
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the honor	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained by the burial-transit permit. Pages 1, 2, 3 st he flad within 72 hours after nearly with the State Deur, of Health and Mental Hydiere prior to burial, cremation, or removal.	MPDRIAN: it iem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 90 655 CLARENCE TAYLOR 28 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 | F HOURS 11/27/12 YRS. 05 4019 Wash 96. FACILITY NAME (If not institution, give street and number)
Leland Memorial 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RIVERDALE DIRECTOR HOSPITAL Prince George RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY D.C WASHINGTON 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Street 336-35 20019 United States 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? IF YES, GIVE WAR OR DATES Specif 1ack B 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) years Retired COMP Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William H. Taylor BE Josephine Lee 19a. INFORMANT'S NAME (Type/Print 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4550 Kinmount Rd., Lanham, Maryland Reginald W Taylor 20s. METHOD OF DISPOSITION
2 □ Cremetion 3 □ Removal from State
Consultan 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State in 5 Other (Specify) Brentwood, Maryland n Cemetery HE OF FUNERAL SERVICE LICENS Stewart Funeral Home 4001 Benning Road, N.E. 23. PMIT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final disease or condition resulting in death) **Onset and Death** quamous Cell Carcinoma, Stomach
Due to (or as a consequence of):
and Esophagus 6 months CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL vertropenia 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Kinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending NIA м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chank note)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 2 🗌 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

EVARE MD 4203 Weensburg Rd HYATISVIlle MD 2018, DEVORE MD 31. DATE FILED (Month, Day,- Year) -32 BEGISTRAR'S SIGNATURE

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frours after death. Page 6 may be retained by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to be filled within 72 hours after death with the State Dect. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1. DECEDENT'S NAME (First, Middle, Last)	William		Tipton Jr		REG. NO.	3 TH	ME OF DEATH
	WILLIAM	WIIIIam	IPTON	Tipton of	MONT		90 /	445
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR F UNDER 24 (OF BIRTH	8. BIRTHPLACE	(State or Foreign
	413-38-7987	1 W 2 D F	63 YRS.	ONTHS DAYS HOURS &	me.	30/26	Country) Tenne	9999
	9e. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION			OUNTY OF DEATH	55000
DIRECTOR	North Arundel		,	l			AA	
EC.	10a. STATE I CIT DU TOR COUNT	Maryland 2106	10c. CITY,	TOWN OR LOCATION			10d,	NSIDE CITY
		ne Arundel		Glen Bernie	2			YES 2 NO
ZAL.	10e. STREET AND NUMBER		-	10f. ZIP CODE		10g. C	ITIZEN OF WHAT O	OUNTRY?
FUNERAL		Wind Way		210			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, h	ISPANIC ORIGIN lexican, Puerto I	i? (Specify Yes or No— Rican, etc.)	14. RACE — An Black, White	nerican Indian, e, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 ND	Specify:		Specify:	hite
0	15. DECEDENT'S ED		16a. DECEDENT'S U	BUAL OCCUPATION	16b	KIND OF BUSINESS/I		nite
COMPLET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during most of working retired.)				
F			Ma	chinist				
2	17. FATHER'S NAME (First, Middle, Last)				'S NAME (First, I	Middle, Malden Surname)	
	William McK	inley Tipto	on Sr.	1	irvtle	Moore		
2	19a, INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or				
-	Sonya Lee T:			SummerWind				
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Per	moval from State	b. PLACE OF DISPOSIT	TON (Name of cometery, cremato	ry or		— City or Town, St	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		ROSELAW	n Cemetery		Johns	sonCity	Tenn
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /	, /	22. NAME AND ADDRESS				221
	(on melly !	unital K	(Anus)	Connelly	Funer	al Home	300MAc	eAve.
	ahock, or heart fallure	. List only one cause on e	each line.	enter the mode of dying				
NOUSELLIN	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	BLEST ONLY ONE CAUSE ON A ACUTE DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A) DUE TO (OR AS A)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: ACONSEQUENCE OF:	CANDIO	SUFFIC	16469		Interval Betw
CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. ACUTE DUE TO (OR AS A DUE TO (OR AS A C. TOBACCO	A CONSEQUENCE OF: ACONSEQUENCE OF: ACONSEQUENCE OF: ACONSEQUENCE OF:	CANDIO	SUFFIC	16469		Interval Betw
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27464

	1 - REGISTRAR			F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) JACOB SE	HIELDS ULRI	CH, SR		2. DAT	E OF DEATH	V VI	EAR :	. TIME OF DEATH
	JACOB ULRICH				OCI	OBER	7, 199		6:15 A
	219-18-4549 1\(\frac{1}{2}\) M 2 \(\Delta\) F	. AGE (in yrs. last birthday) 65 YRS.	IF UNDER 1 YEA MONTHS DAY	S NOURS MIN	FEB	e OF BIRTH	1925	MAR	LACE (State or Foreign
NO.	9e. FACILITY NAME (If not institution, give street and number) VA MEDICAL CENTER RESIDENCE OF DECEDENT		FORT H	N OR LOCATION OF	F DEATH		BALT:		
DIRECTOR	100. STATE MARYLAND BALTIMORE	BA	Y, TOWN OR LO LTIMORE	CATION					IDI. INSIDE CITY LIMITS?
HAL	10s. STREET AND NUMBER			10f. ZIP COOE				OF WH	AT COUNTRY?
FUNERAL	9102 DEBORAH AVENUE 11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT I FORCES? 1 S. IF YES, GIVE WAT	YES 2 NO	If yes	21236 DECENDENT OF HIS specify Cuben, Meres 2 XNO Sp	xican, Puerte		U.S.,	RACE -	- American Indien, White, atc.
D BY	3 Widowed 4 Divorced WWTT	16a. DECEDENT'S				Sb. KIND OF BU	SINESS/INDUS		WHITE
COMPLETED	(Specify only highest grade completed) Elemantery/Secondery (0-12) N/A N/A N/A	(Give kind of life, Do NOT u	work done during	most of working	ľ	U.S.			
000	17. FATHER'S NAME (First, Middle, Last)	1080		18. MOTHER'S		, Middle, Maiden			
出	WILLIAM SMITH ULRICH 19e. INFORMANT'S NAME (Type/Print)	19b. MAJLIN	D ADDRESS (Stre	et and Number or Ru		JORY	n, State, Zip Co	de)	
2	JUNE ULRICH (WIFE)			AVENUE,					21236
	20a_METHOD OF DISPOSITION 1	20b. PLACE OF DISPO ST. MICHA	DD. PLACE OF DISPOSITION (Name of cometery, cremetory or ST. MICHAEL LUTHERAN CEMETERY BALT						n, State IARYLAND
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	h							LAND 21236
	23. PART I. Enter the diseases, or complications that	caused tha desth. Do	not anter the	mode of dying,	such as ca	rdiac or resp	Iratory arrest	t,	Approximata
		FAILURE					· .		Interval Between Onset and Desti
z	S/P OL								
SAIL	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE O	PF):						
CERTIFICATION	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE (OF):						
MEDICAL C	PART II. Other significant conditions contributing to d	eath but not resulting	In the under	ying cause giver	n in Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						1			1 TYES 2 NO
Ź	25. WAS CASE REFERRED TO MEDICAL		21	S. PLACE OF DEATH	Check only	one)			
2	EXAMINER? 1 YES 2 XNO 1 X Inpatient 2 1	ER/Outpatient 3 DOA	OTHER:	Home 5 🗆 Reelder	nce 8 🗆 Ot	ther (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF II (Month, Day			INJURY AT WORK?		ESCRIBE HOW	INJURY OCCUP	IED	-
- R	1 X Natural 5 Pending 2 Accident Investigation			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At home, farm, tc. (Specify)	street, factory,	office		OCATION (Street Ity or Town, State		Rural Ro	oute Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of money 2 MEDICAL EXAMINER: On the basis of examiners								end manner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	M		D 30	-000	2	29d. DATE 8	IONED ((Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) /Ton	e, Print)	50 رد	3 1)	1	11	190.
	BALA S. DUGGIRALA, M.D., 96			רסרת (וענ	HOLIA	ABD MD	2105	2	
	31. DATE FILED (Month, Day, Year)	S SIGNATURE	OTMI W	AD, TUK	LIOWA	WU, MU	2103		
	DCT 0 9 1990 Julia Davidson	dande ?							

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)			ERTIF				2. DATE OF DEATH	NY.	YEAR 3.	TIME OF DEAT
	LAURA Wism	er Vitcho	ock					10-04-90)		10-35
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. I	ast birthday)	IF UNDER 1 1	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Fo
	173-01-2774	1 M 2 X F	79	YRS.	MONTHS.	MYS HOURS	mire.	10-17-10			k Del
	9a. FACILITY NAME (If not institution, give		_		9b. CITY, TO	OWN DR LOCA	TION OF DE	EATH	9c. COUN	TY OF DEATH	
OR	MeriDIAN NO	c Seve	NAT	ARK	Seve	rna Pa	rk		A	Acc	5
RECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, CDUNT	ry		10c CI1	Y, TOWN DR	OCATION		10d INS			I. INSIDE CIT
DIRI										LIMITS?	
	Md. Ann	e Arundel		Glen Burnie					10n. CITIZ	ZEN OF WHAT	YES 2 X
ERAL	7975 Phirne R	d Foot				210	(1				
FUNE	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.B. A	.B. ARMED 13. WAS DECENDENT OF HISPA			NIC DRIGIN? (Specify Yes	U.S	A-6-A-6-	American Indi	
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2					in, Puerto Ricen, etc.)		Black, WI	hite, etc.
BY	3 Wildowed 4 Divorced	1	TOTT BATES		1 YES 2 Needly: Specify:					apouny.	Whi
2	15. DECEDENT'S EDI (Specify only highest grad			DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working					SINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		la. Do NOT u	of work done during most of working OT use retired.)						
COMPL	12	None		Secre	retary Indus				rial		
8	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	AME (First, Middle, Meiden	Surname)		
	Jacob Wismer				M	artha	unknown				
TO E	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow				
-	John R. Vitchock 7975 Phirne Rd. East Glen Burnie M									21061	l
	1 X Burial 2 Cremation 3 Removal from Stata other place)									City or Town,	Btate
	Arlington National Cemetery Ft. Myer, V									r, Va	
	21. SIGNATURE OF UNEFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 Second Ave S.W.										
	* Strv. <	sumbre		_				Md. 21061			
	23. PART I. Enter the diseases, by	complications that	caused the	leath. Do					ratory arr	eat,	Approxin
	IMMEDIATE CAUSE (Final	List only one caus	e on each ile	16.							Interval &
	disease or condition	SE	515	5							
	resulting in death)	8	OR AS A CONS	EDUENCE D	F):						
z		057	GON	ME	UTI	< 0	OF	F007			
10	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A CONS								
CATIO	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
RTIF	that initiated events	DUE TO (I	R AS A CONS	EDUENCE C	PF):						
ERI	resulting in death) LAST	d									
L CE	PART II. Other significant condition	ons contributing to a	leath but no	resulting	in the unde	riving causa	given in	Part I. 24a, WAS AN	AUTOPSY	24h WE	RE AUTOPSY
S	RESPIRA	TORY	CA	16	RE			PERFO	MED?	AM	ALABLE PRIOR
	ADVANI	150 0	NE	MA	TO	D A	-071	1 R 1 7 YES 2	NO NO	OF	DEATH?
ED	HARRAGO	(4)	100	1200	10 1	500	7 0	1122		1 [YES 2
: MEDICA	HIPERTRUSIVE ISCHEMIC NEART DIRECTER										
AN: M	25. WAS CASE REFERRED TO MEDICAL	EXAMINER? HOSPITAL: OTHER									
AN: M	EXAMINER?		1 Inpatient 2 ER/Outpatient 3 DOA A Hursing Hom					6 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY DCY	CURED	
SICIAN: M			NJURY		JURY	WORK?					
HYSICIAN: M	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 I		IN	M 1 YES 2 ND						
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 Inpa	(Year)				_ NO	farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)			
ED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 Inpa	(Year)							or Rural Route	e Number,
ETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 WO 27. MANNER OF DATH 1 Wetural 5 Pending Investigation 2 Accident 6 Could not be detarmined	1 Impatient 2 28a. DATE DF I (Month, De) 28a. PLACE OF building, a	(Year) INJURY — At tc. (Specify)	home, farm,	street, factory	, office		City or Town, State)			e Number,
PLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 WO 27. MANNER OF DATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Impatient 2 28e. DATE DF I (Month, De) 28e. PLACE OF building, a	(Noar) INJURY — At tc. (Specify) ny knowledge,	home, farm,	street, factory	, office	ce, and dus	City or Town, State) a to the cause(a) and ma	nner as stat	led.	
PLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	1 Impatient 2 28e. DATE DF I (Month, De) 28e. PLACE OF building, a SICIAN: To the best of n	(Noar) INJURY — At tc. (Specify) ny knowledge,	home, farm,	street, factory	, office	ce, and dus	City or Town, State)	nner as stat	led.	
ETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	1 Impatient 2 28e. DATE DF I (Month, De) 28e. PLACE OF building, a SICIAN: To the best of n	(Noar) INJURY — At tc. (Specify) ny knowledge,	home, farm,	street, factory	e, data and ple	ce, and dus	a to the cause(a) and man be time, data and place, and	nner as stat	led.	nd manner as

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be relighed by the hospital control of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should in many	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	-	P	=

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		L HYGIENE	9	U 21400
	1. DECEDENT'S NAME (First, Middle, Dest)	Milton Ed	ward Widen	er Jr.	2. DATE MONT	OF DEATH	YE G. G	
	4. SOCIAL SECURITY NUMBER 453-92-2974 98. FACILITY NAME (if not institution, give	1 XM 2 DF 30	36 YRS. MON	UNDER 1 YEAR IF UNDI	MIN. (Mont	OF BIRTH th, Day, Year) 2-12-53		SIRTHPLACE (State or Foreign Country)
TOR	Mercy Hospital	order and married		<u>Baltimore</u>	TON OF BEATT		N/A	
DIRECTOR	Md. N/A	nv		imore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
BY FUNERAL	100. STREET AND NUMBER 1825 Bolton Stre				217		U.	S.A.
	11. MARITAL STATUS XX Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT If yes, specify Cul 1 ☐ YES 2 📉 NO	oan, Mexicen, Puerto			RACE — American Indien, Black, White, etc. Specify: hite
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)		done during most of work ired.)	king	. KIND OF BUSI		
COMPL	10th Grade 17. FATHER'S NAME (First, Middle, Lest)		Parts De		THER'S NAME (First,	nderso		modile
BEC	Milton Edward W	idener Sr.			len Kate			
2	190. INFORMANT'S NAME (Type/Print) Milton E. Widene	0.0 C.0	The state of the s	olton Str				
	20e. METHOD QF DISPOSITION 1	moval from State	place of Disposition other place) Metro Crem	N (Name of cemetery, co	emetory or	20c. LOC.	ATION — City	or Town, State 1e, Md.
			D. S.	22. NAME AND AOOR	ESS OF FACILITY	McCull;	y Fune	ral Home Md. 21225
NOIN	iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if eny, leeding to immediate	a. PPC + DUE TO TOR AS A	d the deeth. Do not ach line. CONSEQUENCE OF): CONSEQUENCE OF):	enter the mode of d	ying, such ea cer	diec or reapin	atory arreat	Approximata interval Between Onset end Daath
HILICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):					
WEDICAL CE	PART II. Other significent condition	na contributing to death b	out not resulting in ti	ne underlying cause	given in Part i.	24s. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSEJFAL:	O	26. PLACE OF	DEATH (Check only o	ne)		
2	1 TYES 2 THO	1 Inpatient 2 ER/Outp		Nursing Home 5		er (Specify) SCRIBE HOW IN	HIDV OCCUP	
BY P	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?		SONIBE NOW IN	JOHN OCCOM	-
IED	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY	— At home, farm, stree	t, factory, office	281. LO	CATION (Street en	d Number or F	Rural Route Number,
COMPLE	and and	SICIAN: To the best of my know IER: On the basic of axamination						use(e) end manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CENTRE	L MD		29c. Ll	CENSE NUMBER	4	29d. DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	n) AQ				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

the event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27467

	1 - REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO).	20	L1401
	1. DECEDENT'S NAME (First, Middle, Last)		1700					2. DATE O		AV	YEAR	3. TIME OF DEATH
	Martin		Irvin	WI	LSON			MONTH	ober	***		11:17 50 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF				PLACE (State or Foreign
	215-12-3747	1 X M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS MIN.		. 17	1923		ryland
	Se. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN (R LOCATION OF D	EATH		9c. COU	INTY OF DE	EATH
DIRECTOR	Franklin Square	Hospit	al		Ros	eda	le			Bal	lt.imo	re
REC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY LIMITS?
0		more			977	Tir	nonium					1 TES 2 NO
IAL	10e. STREET AND NUMBER					101	. ZIP COOE			10g. CIT	IZEN OF W	NAT COUNTRY?
EF	48 Gerard Avenue						210	093		J	USA	Name and Address
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	RMED	1	f yes, sp	ENDENT OF HISPA ecify Cuben, Mexica 2 NO Specific	en, Puerto Ric		e or No—	14. RACE Black Specif	— American Indian, , White, etc. /y: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION		ECEDENT'S				18b. K	IND OF BU	SINESS/IN	DUSTRY	
E.	Elementary/Secondary (0-12)	College (1-4 or 5	265	a. Do NOT u	se retired.)	unng mo	st of working					
AP.	12		F	reigh	nt Ac	gent			Rail	road		1.3
00	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	AME (First, Mic	idle, Meider	Surname)		
BE (John A. Wilson						Bessi	e M.	Hard	ing		
TO E	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number	City or Tov	vn, State, Zi	p Code)	
-	Geneva S. Wilson							Ave.				ld. 21093
	20e, METHOD OF DISPOSITION 1X Buriel 2 Commation 3 Remo	val from State	other p	(lace)			netery, cremetory or				- City or To	
	4 Donetion 6 Other (Specify)	PA	Dula	ney			lemorial		ens	Timo	nium	, Md.
	· laul pa	SPECIE	sch staff	pfor		.emn	non-Mitch nonium.	hell-W			3	
CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sever		ary couence o rdial	Inf		essel Ar	tery [isea	se;		Interval Between Onset and Death
2	DART II On a standard Maria							T				
PHYSICIAN: MEDICAL	Diabetes Museum Hypertension	ellitus	death but not	resulting	in the ur	ideriyin	g ceuse given in		PERFO	RMED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	heck only one)				
Sic	1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nur		e 5 🗆 Residence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 X Netural 5 Pending	28s. DATE OF	Pay, Year)	28b. TIR	IE OF JURY M	WC	URY AT PRK? YES 2 NO	28d. DESC	RIBE HOW	INJURY O	COURED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE (OF INJURY — At h	ome, farm,	street, fact	ory, offic	•		ION (Street Town, State		or Plural F	Route Number,
Ē	29e. CERTIFIER					_			_	-	_	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER											end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	Jerustly C.	nun	cange	2D			NIA	7		1	10/5	190
2	30. NAME AND ADDRESS OF PERSON WHO Timothy Murray	y MD. 9	000 Fra	nklir	Squ	are	Drive 2	1237			-/	
	31. DATE FILED (MOOTE), DOX 9" 1990		GLYGIOT - R									
	UCI 09 1990	a contact	the total and	Indoo								

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17 U	aly fill	ation	#
with	nplete	Crem	vent
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NG P	fter t	ath v	шан
ENDI	H: A	ter de	20
ATT	ECTC	rs af	m 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	VERA	nin 72	H H
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E	TIC	# filec	AP.
H	H	ă	

Jennifer 31. DATE FILED (Month, Day, Year)

ACT 10 90

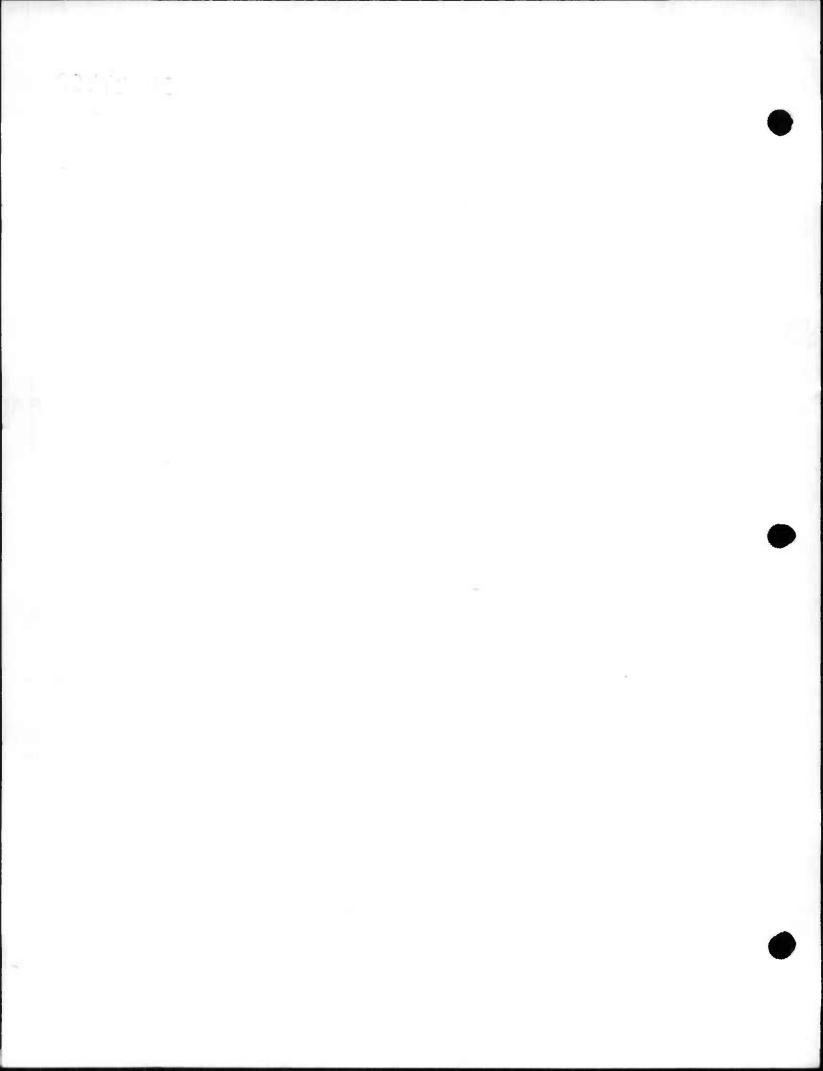
	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTII	RTMENT OF FICATE OF		MENTAL HYGIEN REG. NO		27468	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH	
	DAVID CARROLL	WITHERS	POON				3 90	3 445 AM	
	4. SOCIAL SECURITY NUMBER		i. AGE (In yrs. last birthday YRS.	MONTHS DAYS	HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 7/13/90		BIRTHPLACE (State or Foreign Country) Balto., Md.	
	9e. FACILITY NAME (If not institution, give atreet and number)			9b. CITY, TOWN	OR LOCATION OF D				
TOR I	UNION MEMORIAL HOSPITAL BALTIMORE CITY Baltimore Cit								
DIRECTOR	10e. STATE 10b. COUNTY			ITY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
				timore			1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			1	OH. ZIP CODE	0.5	200	OF WHAT COUNTRY?	
H	4245 Nicholas Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME			13, WAS DE	212				
B⊀	1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				en, Puerto Rican, etc.) ly:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o life. Do NOT	'S USUAL OCCUPAT of work done during in use retired.)		16b. KIND OF BU		FRY	
F	none 17. FATHER'S NAME (First, Middle, Last)	none	none	!		no			
	Carroll Frederic	rk Withers	noon			AME (First, Middle, Maider tal Marend		76	
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Union Mem. Hos	prtar	20b. PLACE OF DISP	OSITION (Name of c	emetery crematory or	20c 1.6	CATION City	or Town. State	
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) hospital Union Mem. Hospital Balto., Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY None Same as 20b								
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause				ch aa cardiac or reap	iratory arreat	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF OF DEATH?							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DTHER: OTHER:								
YSI	1 TES 2 NO	Inpatient 2 🗆	ER/Outpatient 3 DOA	4 - Nursing H		6 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation			28b. TIME OF INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	tc. (Specify)	ome, farm, street, tectory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER Line Land Title OF CERTIFIER Line Land Line La				29c. LICENSE NU	MBER 244	29d. DATE \$	IGNED (Month, Day, Year) 18/90	
2	30 NAME OUD ADDRESS OF PERSON W			*				1	

Union

en To Walker, MV
SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

22. REGISTRAR'S SIGNATURE

Julia Davidson - Andelle



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BALLIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner r
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h	hour	or ro	E
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T	reg	of of	sho
į	e law	has bept	1 23
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	1	cate	Herr
>	ICIA	the	0
5	HUS	this o	ked
Z	ING	the	E
2	END	DR: A	8
5	AT	HECTI	m 2
5	100	L Did	=
	SPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	NE.
	HO	F. F.	RTA
	H	THE	100
	2	2 8	=

I MERGIA	st, Middle, Last)	2 / 1/1/4 0	015	CERTIF		OI	DEAIR		2. DATE OF DEATH MONTH DA	100	YEAR	3. TIME OF DEATH
DE221 E		EWhe			,				OCTOBER &	19	90	3:204
4. SOCIAL SECURITY NUM 212-12-222		5, SEX	6. AGE (In)	rs. fest birthday) YRS.	MONTHS 1	PEAR	HOURS 1	HRS.	7. DATE OF BIRTH (Month, Day, Year) July 20 19	06	Count	PLACE (State or Foreign y) Vland
9e. FACILITY NAME (# not i					9h CITY T	DWAN O	R LOCATION	100			NTY OF D	
AL ARIAWAS	I NRS	sg. +Con	VAL	ESCENH	-01	D	LOCATION	OF DE	AIII			
RESIDENCE OF DE	CEDENT	3.100	CEN	TER	1 Glen	Bu	rnie			Anne	Aru	indel
10e. STATE	106. COUNTY	1			TY, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Anne	Arundel		G1	en Bu	rni	.e				180	1 YES 2 NO
10e. STREET AND NUMBER					e	101.	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
647 New Je	rsey A						21060			US		
11. MARITAL STATUS	7.444-4	12. WAS DECEDEN FORCES? 1							NC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No—	14, RACI Blac	E — American Indian, k, White, etc.
1 Never Married 2 3 X Widowed 4 Div		IF YES, GIVE W					2 X NO				Spec	
		CATION		- 2005251110					40. 40.0 05.00	<u> </u>	DIIOTOM	WILLE
(Specify on	CEDENT'S EDU- nly highest grade	completed)		Give kind of	work done du see retired.)	ring mo	st of working		16b. KIND OF BUS	SINESS/INL	DUSTRY	
Elementary/Secondary ((0-12)	College (1-4 or 8 +)	Seamst					Clothir	o Ma	nufa	cturing
8th	Middle Leet	None		Seamst	.1622		40 MOTUE	DNO NA	ME (First, Middle, Maiden		nula	cturing
Bernard	Wichel, mast)	1	lood							Sumame)		
19e. INFORMANT'S NAME	(Time/Brint)		1000	405 MARI MA	0.4000566./	·			ner Route Number, City or Tow	e Ptete 76	Low	nan
	Theeler											
20a. METHOD OF DISPOSI			20h D	LACE OF DISPO					d, Marylan	CATION —	1012	
1 Buriel 2 Cremeti	ion 3 - Rem	oval from State	0	ther place)								
4 ☐ Donation 5 ☐ Othe		TENSEE	1 616	en Have			al Pa			Bur	nie,	Maryland
21. SIGNATURE OF TORIES	. 1	oenoet.	1	12					RAL HOME			
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							12	el	li fuls	b l	One 20	Letez b. WERE AUTOPSY FINDINGS
PART II Other signific		oonandating to	RA	esu	n de una	0	10	8	PERFOR	PMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other signific	CONDITION				3.2.C				_			1 YES 2 NO
PART II. Other signific		HOSPITAL) T.C		ACE OF OEA	ATH (Ch				
25. WAS CASE REFERRED		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHER:		-,-					
25. WAS CASE REFERRED EXAMINER? 1 YES 2 70 27. MANNER OF DEATH	TO MEOICAL		INJURY	28b. Til	4 Nursi	ng Hom	-,-		eck only one)	INJURY OC	CCUREO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2		1 Inpatient 2 28a. DATE OF	INJURY	28b. Til	4 Nursi	ng Hom	e 5 🗆 Resi	dence	eck only one) 6 □ Other (Specify)	INJURY OC	CCUREO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	TO MEDICAL Pending investigation Could not be	28a. DATE OF (Month, E) 28a. PLACE O	INJURY ay, Year)	28b. Till IN	4 Nursing ME OF JURY M	ng Hom 18c. INJ WO 1 '	URY AT PRK? YES 2	dence	eck only one) 6 □ Other (Specify)	end Numbe		1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Natural 5 TO Accident 3 Suicide 6 TO Accident 4 Homicide	Pending Investigation Could not be determined	28s. DATE OF (Month, D	INJURY ay, Year) F INJURY — etc. (Specify,	28b. Til IN - At home, farm,	ME OF 2 IJURY M 2 A street, factor	ng Hom t8c. INJ W0 1	DE 5 Residence STREET RESIDENCE STREET STREE	NO	eck only one) 6 Other (Specify) 28d. OESCRIBE HOW (28f. LOCATION (Street City or Town, State)	end Numbe	or or Rural	1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation Could not be determined	1 Departent 2 28a. DATE OF (Month, E) 28a. PLACE C building,	INJURY ay, Year) F INJURY — etc. (Specify, my knowled	At home, farm,	ME OF JURY M 2 street, factor	ng Hom	POR S Residence S	NO	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW (City or Town, State, to the cause(s) and ma	end Numbe	or or Rural	1 VES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation Could not be determined	1 Departent 2 28a. DATE OF (Month, E) 28a. PLACE C building,	INJURY ay, Year) F INJURY — etc. (Specify, my knowled	At home, farm,	ME OF JURY M 2 street, factor	ng Hom	POR S Residence S	NO	eck only one) 8 Other (Specify) 28d. OESCRIBE HOW (City or Town, State, to the cause(s) and ma	end Numbe	or or Rural	1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural 5 OO 2 Accident 3 Suicide 6 OO 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMINIT	28a. DATE OF (Month, D. 28a. PLACE C building, D. 101A): To the best of ER: On the best of e	INJURY ay, Year) F INJURY — etc. (Specify, my knowled examination a	28b. Til N - At home, farm, ige, death occur ind/or investigat	ME OF JURY M 2	ng Hom	POR S Residence S	NO	eck only one) 6 Other (Specify) 28d. OESCRIBE HOW (28f. LOCATION (Street City or Town, State) to the cause(s) and matime, date and place, as	end Numbe	or or Rural	1 VES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural 5 OO 2 Accident 3 Suicide 6 OO 4 Homicide 29e. CERTIFIER 1 CEI (Check only one) 2 ME	Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMINE	1 Inpatient 2 28a. DATE OF (Month, L) 26a. PLACE Of building, ICIAN: To the best of e	INJURY ay, Year) F INJURY — etc. (Specify, my knowled examination a	28b. Til N - At home, farm, ige, death occur ind/or investigat	ME OF JURY M 2	ng Hom	DE 5 Real PURY AT PRIC? PYES 2 e and place, a	NO	eck only one) 6 Other (Specify) 28d. OESCRIBE HOW (28f. LOCATION (Street City or Town, State) to the cause(s) and matime, date and place, as	end Numbe	or or Rural	1 YES 2 NO

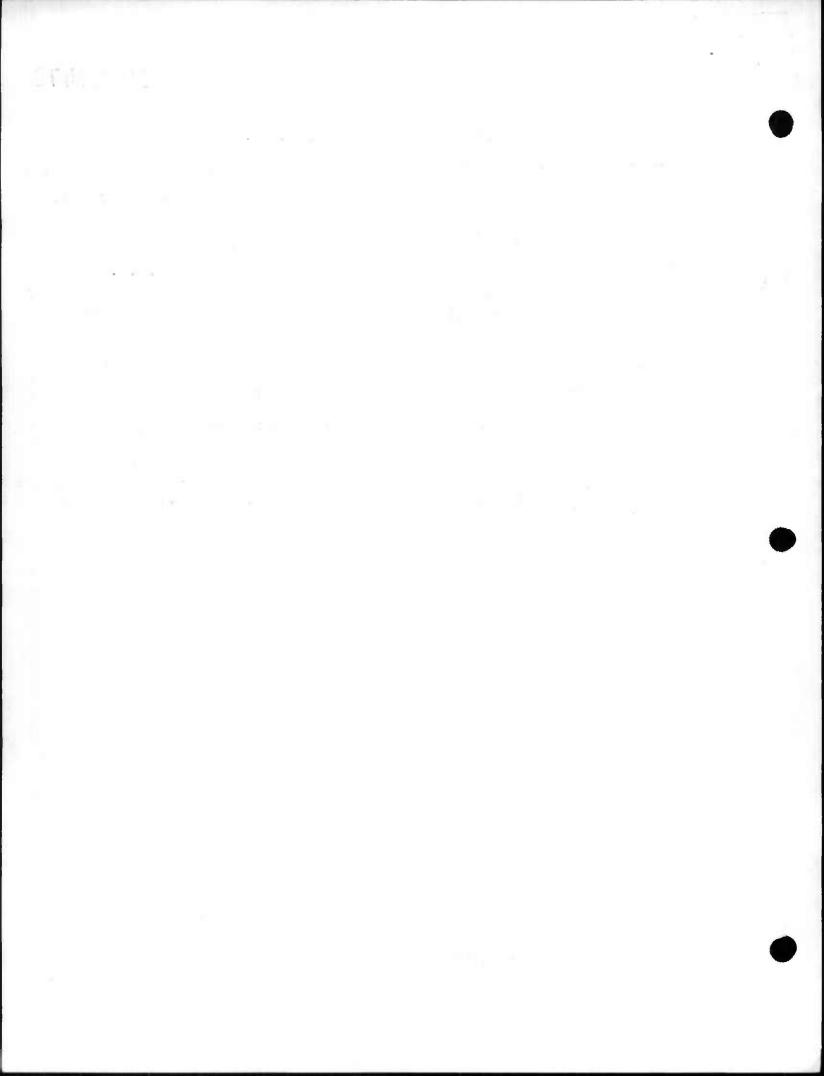
mit. Pages 1, 2, 3 should

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1 - STATE REGISTRAR	SIAIE OF MARTL			OF DEATH	MENI	AL HTGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	OAIL	OI DEAIN		TE OF DEATH		3. T	IME OF DEATH
Crawford I	Franklin		1	Wentz Jr	MOI	10 4		AR ()	9:21 P M
		In yrs. lest birthday)	IF UNDER 1		. 7. DAT	E OF BIRTH	8.	BIRTHPLAC	E (State or Foreign
225-26-6307	X X 2 □ F 6	/L YAS.	MONTHS	DAYS HOURS MIN.	008	10 / 20 / 26 / 20 / 26		Country)	nville.
9a. FACILITY NAME (If not institution, give street			9b. CITY, T	OWN OR LOCATION OF		7/20/20	9c. COUNTY		
Union Memorial 1	Hognital	1		Baltimore			Bal	timo	re City
RESIDENCE OF DECEDENT	nospitai			baltillore			241	C X M O	Te orty
10a. STATE 10b. COUNTY		1	Y, TOWN OR					10d	INSIDE CITY
MD Balt	imore Cit	y B	alti	more Cit	У			1 X	XES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
1313 Weldon A	venue			21	211		U.	S.A.	
11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? A YES	U.S. ARMED		S DECENDENT OF HIS			or No- 14.	RACE - A Black, Wh	American Indien,
1 Never Merried 2 Merried 3 Widowed 4 XDivorced	IF YES, GIVE WAR OR DA	ATES		yes, specify Cuban, Mex YES 24\(\text{VANO}\) Spe		to Hican, atc.)			hite
	1940s WW	II						W	nite
15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	16a. DECEDENT'S (Give kind of v	work done du	CUPATION ring most of working	1	66. KIND OF BUS	INESS/INDUS	FRY	
	College (1-4 or 5+)	life. Do NOT us				M			
12th		Sh	eet	Metal			nufac	ture	r
17. FATHER'S NAME (First, Middle, Last)	1-1 4 - 114	_				t, Middle, Meiden			
Crawford Fran	Klin Went	Z			MAry	y Bulli	Lngto	n	
19e. INFORMANT'S NAME (Type/Print)				Street and Number or Ru					2.4
Joseph Swirk/Cynth	ia Wingate	1313 W	eldon	Ave 21211	1/ 76	08 Cars	on Ave	212	24
20a x METHOD OF DISPOSITION Y LV Buriel 2: Commence 3 (1) Remoy	1 trom State 20b	PLACE OF DISPOS	SITION (Name	e of cemetery, cremetory	or		ATION — City		
6 □ Donation S □ Other (\$decity)	1.1/1	Swi	cego	od Highl	and	Dar	nvill	e, V	A
21. SIGNATURE OF PUMERAL REMOCE LICES	wede //		22. N/	AME AND ADDRESS OF	FACILITY	Rurges	-Hon	ee F	uneral
► Milh	O DAM)	36	31 Falls	Dd		:O.,		21211
disease or condition resulting in death) a.	Arteriosc	consequence of		ovascular	dise	ase		-	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	,	A CONSEQUENCE OF							
PART ii. Other significant conditions	contributing to death b	ut not resulting	in tha und	arlying cause given	In Part i.	24a. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
Fatty liver due	e to chronic	alcohol	lism			PERFOR			ILABLE PRIOR TO WPLETION DF CAUSE
						1 X YES 2	□ NO	OF	DEATH?
-						PARTIA	AL.	1 5	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only			I	
EXAMINER?	HOSPITAL:		OTHER:						
1 X YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 DER/Out	26b. TIN		ng Home 5 Realden	_	ther (Specify) DESCRIBE HOW II	FIRM OCCIN	RED.	
1 Natural 5 Pending	(Month, Day, Year)		JURY M	WORK?	200.	ordoning UAM II	TORT COOL	indo	
2 Accident Investigation	28a DI ACE OF IN FIRM	/ _ At home four:	etmat fort		201 1	OCATION /O	and Mumb	Discol David	Alumbar
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		octor, Includ	ry, ottice		OCATION (Street a City or Town, State)	en Huinour Of	riurei PIOUIS	HUITHOU,
Chock only	AN: To the bast of my know	riedge, death occurr	red at the tim	ne, data end place, and	due to the	cause(e) and man	ner as stated.		
2 MEDICAL EXAMINER	On the basis of axamination	n and/or investigation	on, in my op	Inlon, death occured at	the time, d	late end place, en	d due to the d	:euse(e) en	d menner se stated.
266 SIGNATURE AND TITLE OF CENTIFIER	Hell.	h	M	29c, LICENSE				10/5/	rith, Day, Year)
SO. NAME AND ADDRESS OF PERSON WHO									
Mario F. Golle	Jr., M.D.	- Assist	tant'		111 1	Penn St.	Ba	lto.	MD ss
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN	IATURE							

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



	1. DECEDENT'S
	4. SOCIAL SEC 220-36
	9a. FACILITY N
	Frankl RESIDENCE 100. STATE
	Maryla
	#16 G
U	

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYL					IEALTH AND I	MEN	TAL HYGIENI REG. NO.	9	0 2	7471
DECEDENT'S NAME (First,	Middle, Last)		F.				To			ATE OF DEATH		YEAR	. TIME OF DEATH
SOCIAL SECURITY NUME	ieo	Joseph 5. SEX		(In yrs. lest	ZAR/	-	, JI	IF UNDER 24 HRS.	7.0	ATE OF BIRTH	4	90	ACE (State or Foreign
220-36-9573	en .	1 TM 2 F	49		YRS.	MONTHS	DAYS	HOURS MIN.	ő	Month, Day, Year)	1	Country)	land
a. FACILITY NAME (If not in	stitution, give si		47			9b. CIT	Y, TOWN (OR LOCATION OF DI		-) - 2		TTY OF DEA	
Franklin Sq	uare H						Ltimo					ltimo	
oo state Maryland	Balt	imore					on Loca						Od. INSIDE CITY LIMITS? YES 2 NO
#16 Glade	Avenue	;					101	21236			-0	S.A.	AT COUNTRY?
1. MARITAL STATUS Never Merried 2 Wildowed 4 Divo		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	XYES	2 NO	NED O	13.	If yes, sp	CENDENT OF HISPAI secify Cuben, Mexico 3 2 A NO Specif	in, Pui		or No—	Specify:	- American Indian, White, etc.
	EDENT'S EDU	CATION		18e. DEC	EDENT'S	USUAL C	OCCUPATIO	ON ost of working		16b. KIND OF BUS	INESS/INC		
Elementary/Secondary (0	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) Flectrician Local 24 IBEW							EW					
7. FATHER'S NAME (First, M		-								irst, Middle, Maiden			
Joseph F.	Zaras,	Sr.						Maryan	nna	Dembowo	zyk		
Barbara M.								end Number or Rural Pnue Ba		Number, City or Town			21236
0a_METHOD OF DISPOSIT ☐ Burlel 2 ☐ Cremetic ☐ Donetion 5 ☐ Other	n 3 🗆 Rem	oval from State	200	other place	ce)			metery, cremetory or				City or Town	n, State
1. SIGNATURE OF FUNERA	-	//		Paul	kwoo	222	Vas.	SUBER OF FA	H	7401	By	Per	Rh 21236
23. PART I. Enter the d ahock, or h MMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	Massiv	ve He	ech line.	hage	<u>-</u>		temesis	ch an	cerdiec or reepi	ratory an	reat,	Approximate Interval Between Onset and Death
Sequentially list condit of any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events reaulting in deeth) LAS	diete ING ury	C	(OR AS	ympho a conseo a conseo	UENCE OF								
PART II. Other algnificative		_	deeth i	but not re	eaulting l	in the u	ınderiyin	ig cause given in	Part	I. 24a. WAS AN PERFOF	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL						26. P	LACE OF DEATH (C	heck o	nly one)			
EXAMINER?		HOSPITAL:	□ ER/Out	patient 3	□ DOA	OTHE	ER:	ne 5 🗆 Residence					
7. MANNER OF DEATH		28e. DATE O	F INJURY	panem o	28b. TIM	E OF	28c. IN	JURY AT	_	I. DESCRIBE HOW I	NJURY OC	CURED	
7	Pending Investigation	(Month,	Day, Year)		INJ	M		ORK? YES 2 NO					
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJUR	Y — At hor	me, farm, i	street, fe	ctory, offi	C•	281	LOCATION (Street City or Town, State)	end Numbe	r or Rural Ro	oute Number,
cond only		ICIAN: To the best of											end manner as stated.
96. SIGNATURE AND TITL	E OF CERTIFIE	twone	И	,D				29c. LICENSE NU N/A	MBER		29d. DA1	10-4-	Month, Day, Year)
Jacqueline							Dr.,	Balto.,	MD	21237			
OCT 9	1990	32. REGISTA	AR'S SIG	NATURE	10								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

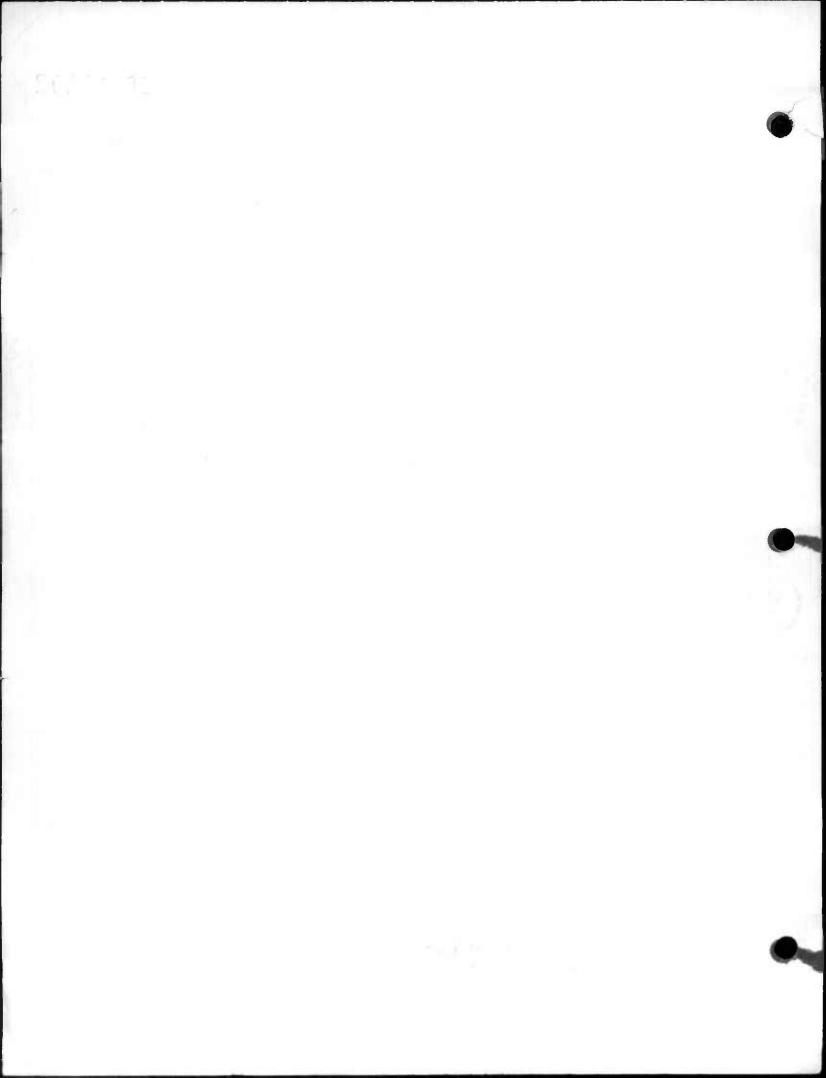
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DIVISION OF VITAL I	Di Di Di Di
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	- Constant

	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH				
	CORNE G. L	Joods				монтн	19	10 11 00 P				
- 4	4. SOCIAL SECURITY NUMBER 212-22-0818	5. SEX 6. AGE	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country) Outh Cakulina				
H.	9a. FACILITY NAME (If not institution, give a	treet and number)	Al	-	OR LOCATION OF D	MARULAN	4	Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	7	10c. CI	y, TOWN OR LOCA		, was in the		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	0.1		alp) . H. ZIP CODE		10g, CITUZE	1 YES 2 NO				
FUNERAL	1003 UPM	12. WAS DECEDENT EVER	W. 110 ASSESS	10 110 00	2/21	NIC ORIGIN? (Specify		U.S.A.				
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s		in, Puarto Rican, atc.)	7	Black, White, etc. Stocky Control Stocky Stocky Stocky				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT, a	USUAL OCCUPAT work done during m	ION ost of working	16b. KIND OF	BUSINESS/INDU	STRY				
MPL	12	College (1-4 or 5+)	Sals	slad	7	C,	othis	2				
BE CO	17. FATHER'S NAME (First, Middle, Last)	-ood ma	n	- 1	Ella	WE (First Micros, Mail	dha	n				
2	100 INFORMANT'S NAME (Type/Print)	scomb	19b. MAILIN	G ADDRESS (Street	and Number or Rural	House Hugging City or	Bally &	and, 2/211				
	20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20	ob. PLACE OF DISPO	SITION (Name, or)	emetery; crematory or	20c.	LOCATION - CI	ty or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	100	22 NAME I	AND ADDRESS OF F	collity and a	ervi	ce.				
	23 PART I Enter the diseases or	complications that char	ass	170	Mcc	ulloh S	t.	at, Approximate				
	shock, or heert fellure. Liet only one ceuse Dn eech line. IMMEDIATE CAUSE (Final Onset											
disease or condition resulting in death) a. Caydia / Lecandra Secondary Oue TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions,	b. 48 CZ	Jona	trial	Canc	~		/				
CATI	If any, leading to Immediata cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PRIOR TO											
EDICAL						1 _ YE	3 2 NO	COMPLETION OF CAUSE OF DEATH?				
AN: N	25. WAS CASE REFERRED TO MEDICAL	1										
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	itpetient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	6 Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR' (Month, Day, Year		IJURY V	JURY AT PORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCI	JRED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S)		, street, factory, off	ice	28t. LOCATION (Str City or Town, S		or Rurel Route Number,				
COMPLETED	29a, CERTIFIER (Check only	SICIAN: To the best of my kno	owledge, death occu	rred at the tima, da	ta and place, and do	a to the cause(a) and	manner as state	d.				
COM	one) 2 MEDICAL EXAMIN		ion and/or investigat	lon, in my opinion,				cause(s) and manner as stated.				
O BE	296. SIGNAPURE AND TITLE OF CERTIFIE	Ya	M) /	29c. LICENSE N	MBER	≥ 9d. DATE	SIGNED (Month, Day, Year)				
10	36. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (7/1	oe, Print)				6				
	31. DATE FILED (Month, Day, Year) OCT 09 1990	32. REGISTRAR'S SI	GNATURE									
1	שני וובעו ייט ווטט וו	much him a down-Na	70.0									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deaths certification and the model of the control of the control of the hospital or attending physician.	centificate has been signed by the attendance management of the property filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Rygien procedure, countation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 1244	FENDING PHYSICIAN: The law requires that the death; certificate he extension	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendiging any commence of the first in by the five within 72 hours after death with the State Dept. of Health and Mental Rygiens and the first commission, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, of other traumatic event, the medical examiner must be notified at once.
DIVI	TO THE HOSPITAL DR AT	TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with	IMPORTANT: If Item 2

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	FOR STATE REGISTRAR	STATE OF MARYLA			OF DEA		MENTAL HYGIENE REG. NO.	9	0 21413
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY	, VEA	3. TIME OF OEATH
	JANELL Baxter	WHITTAKER					10 04	1990	12:35 P m
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
1	466-82-5183	1 □ M 2 ☒ F 46	YRS.				(Month, Day, Year) 05 11	1944	Texas
	9a. FACILITY NAME (If not institution, give str			9b. CITY, T	OWN OR LOCA	TION OF DE	TOWSON	9c. COUNTY O	
FUNERAL DIRECTOR	G.B.M.C6701 N.	.B.M.C6701 N. CHARLES STREET					21152	BALTIM	ORE COUNTY
REC	10a. STATE 10b. COUNTY			Y, TOWN OR ARKS	LOCATION				10d. INSIDE CITY LIMITS?
٥		ORE, COUNTY	SF.	ARKS	T				1 TYES 2 NO
ERAI	100. STREET AND NUMBER 519 QUAKER BOTTO	M ROAD			2115				JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED				IC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	TES		YES 2 N		n, Puarto Rican, atc.)	Si	pecify:
D BY							I man allow a series		ITE
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEOENT'S (Give kind of life. Do NOT a	work done du	ring most of wor	rking	16b. KIND OF BUS	INESS/INDUSTR	,
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teac				Educa	tion	
MO	17. FATNER'S NAME (First, Middle, Last)				18. MC	OTHER'S NAI	ME (First, Middle, Maiden	Surname)	
O	William Baxter				Fa	ulebe	lle Christi	an	
TO BE	19a, INFORMANT'S NAME (Type/Print)						Route Number, City or Town		
۲	Ron G. Whittake						Rd., Spa		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	alet2 mort leve	PLACE OF DISPO					CATION — City o	County, Texas
	4 Dopation 5 Other (Specify)		ighland	Memo	AME AND ADD	BESS OF FAC		laigo C	Jounty, Texas
	DUCUU	1 Vanut	Clary	Le	mmon-	Mitch	ell-Wiedefe	eld	
							laryland 2		
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused List only ons cause on as		not antar t	ha moda of o	dying, auci	h se cardisc or respi	ratory arrest,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final disease pr condition	1.0.16	0010	10.4	(0_			Onget and Death
	reaulting in death)	· WILL	COMPEDIENCE	- VV	yel	COM	a		1719
_									
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	V				
SAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):					
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other significant condition	s contributing to death b	ut not resulting	In the und	arlying caus	e given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
8							PERFOR	V	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED							_ _ /		DF DEATH?
PHYSICIAN: MEDICAL									
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF	F DEATH (Ch	eck only one)		
SIC	1 YES 2 X NO	HOSPITAL: 1 ☐ Inpatient 2 ☑ ER/Outp	etlent 3 🗆 DOA	4 Nursi		Residence	6 C Other (Specify)		
H	27. MANNER OF OEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. T	ME OF	28c. INJURY AT WORK?	r	28d. DESCRIBE NOW I	NJURY OCCURE	D
ВУ	1 X Natural 6 Pending 2 Accident Investigation			М	1 YES	2 NO			
	3 Suicide a Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, facto	ry, office		281. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,
ETE							l		
COMPLETED	(Crieck Orly)	ICIAN: To the best of my knowless: On the basis of examination							use(a) and manner so stated
CO	- 1	H: Of the basis of azammetor	i and/or investiga	non, in my op					1 .
BE (286. BIOMATURE AND TITLE OF CERTIFIE	Harry L	10 . VA	1.1	290.1	CA L	NBER CLA	29d. DATE SHO	15190
10	30 HAME AND ADDRESS OF PERSON WH	O DOMPLETED CAPER OF THE	ATH OTHER	W Prints		UP.) 10	10	12/10
	Richard Humph		7		ns Hon	kins	Hospital,	ncoloa	y Dept.
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGN	ATURE	20.11				5	
	OCT 09 1990	Tulia Davidson	-Mandell						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netlined at once.
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permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL HYG REG.		90	27474
-	1. DECEDENT'S NAME (First Middle, Last) Margaret Lol:	ita Wilke							2. DATE OF DEAT	DAY 5	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 373017174	ì	AGE (In yrs. last	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	l (r)	8. BIRT	HPLACE (State or Foreign try)
OR	Bay Count	treet and number) 1 Gen Ho	Sp		96. CITY, T	nda	lot	TVN		DEATH		
DIRECTOR	10a, STATE 10b, COUNT	Balt		100. CITY, TOWN OR LOCATION Catonsville Me					0			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Neridian	Nursina h	bne	10f. ZIP CODE				212	28	10g. C	US	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT I FORCES 1 IF YES, GIVE WAF	YES 2	MED IO	16.3	res, sp	cify Cubi		NIC ORIGIN? (Specifin, Puerto Rican, etc.)		14. RAC Bla Spe	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	ive kind of v Do NOT us	USUAL OCC work done du se retired.)	ring mo	st of work	ing		d Indi		7
MO	17. FATHER'S NAME (First, Middle, Last)	-		<u> </u>	01100			HER'S NA	ME (First, Middle, Me			
BE C	Vincent S. Pease	9						Net	tie Pier	rce		
0	19a. INFORMANT'S NAME (Type/Print)	1 -							Route Number, City o			0.1.0.0
	Patricia A. Osto		20b. PLACE	6155	Rock							21227
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pla	900)	Park					LOCATION		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES /)	44011	22. N/	ame an	L.	ss of fa Kauf		ral H	ome	
CERTIFICATION	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Interval Between Onset served Onset											
PHYSICIAN: MEDICAL C	PART II. Other significent condition	erlyin	g cause	given in	PE	S AN AUTOPS RECOMMED? ES 2 NO	Y 24	No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	_	ACE OF	DEATH (C	neck only one)			
	1 VES 2 DO 27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF IN (Month, Day)	YAURY	28b. TIM	4 🗆 Nureir	Bc. INJ WC	URY AT		8 Other (Specify 28d. DESCRIBE H		CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho	ome, ferm,	street, factor				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	one) 2 MEDICAL EXAMIN	1 11					leath occi	ured at the	time, date and plac	e, and due to	the cause	o(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIF	py Typ	men	MO			29c. LIC	250	O(29d, D	10-5	FO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE	(M)	10085	M 27) (Type	Red	Ru	nE	Blvd	Owi	ngs 1	Yills	NO
	11. DATE FILED (Month, Day, Year) 11. DATE FILED (Month, Day, Year)	ha Davidson-	A CHOLINE						(

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O THE HOSPITAL OH ALLENDING PHYSICIAN, THE TAW REQUIRES THAT THE DESTRUCTED BE EXECUTED WITHIN 24 FIGURE ARET DESTRUCTORY. FAGE OF HIS DESTRUCTION BY THE HOSPITAL OH ALLENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	FOR STATE REGISTRAR	STATE OF M					EALTH AND I		TYGIENE REG. NO.	9	0	27475		
i	1. DECEDENT'S NAME (First, Middle, Lest) Ida Madeline	Wienecke	,					2. OATE OF MONTH	OEATH DAY	90	EAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH	-	BIRTHPLA Country)	CE (State or Foreign		
	215-03-2187	1 □ M 2 🔀 F	79	YRS.	MONTHS	107 10					MoL.			
H	9a. FACILITY NAME (If not institution, give st Bellorest Nursin	4.0			96. CITY		r location of de rest Hill			ec. COUNTY OF DEATH Harlond				
COR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	ry, TOWN	OR LOCAT	ION		10d. INSIDE CITY					
DINE	Mdo				- 4		e City					LIMITS?		
FUNERAL	321 South Drew S	treet				101	2/224		10g. CITIZEN OF WHAT COUNTRY?					
Š	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1					ENDENT OF HISPAN			ocify Yea or No— 14. RACE — American Indian,				
à	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					2 KNO Specify				Specify:	White		
E	15. DECEDENT'S EDUC (Specify only highest grade		/G	ive kind of	Work done	CCUPATION during mo	ON st of working	16b. KII	NO OF BUS	INESS/INOUS	STRY			
COMPLEIED	Elemantary/Secondary (0-12)	College (1-4 or 5+)		Housework					At Ho	me				
	17. FATHER'S NAME (First, Middle, Leet) Arton (zyryca						18. MOTHER'S NA		dle, Malden S					
TO BE	19a. INFORMANT'S NAME (Type/Print) S. Monica Adams		191	3// Z	Barc	S (Street a	ourt Ab	Route Number,	City or Town		ode)			
	20g. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Rem 4 Ognetion 5 Other (Specify)	oval from State	20b. PLACE other pl	E OF DISPOSITION (Name of cometery, crematory or					20c. LOCATION - City or Town, State Eastwood, Balto. (o. Md.					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. \		22.	NAME A	ND ADORESS OF FA				6224			
	harles	, <u>D. "</u>	Jules			har	les S.Ze	iler &	Son			ern Ave.		
	23. PART I. Entar the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cou	eej	eal	200	nay !	Arac.	et, o	ful		Approximate Interval Batween Onset and Death			
ON	Sequentially list conditions, fi eny, leading to immediate Due TO (OR AS A CONSEQUENCE OF):													
RTIFICATION	couse. Enter UNDERLYING CAUSE (Discose or Injury	C. DUE TO	OR AS A CONSE	OVERNOT O	wn.									
HE	that initiated events resulting in death) LAST	d			20									
CAL CE	PART II. Other algnificant condition	s contributing to	death but not a	reaulting	in the U	nderlyin	g cause given in	Part I. 24	ta. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
_								1	YES 2	-	C	OMPLETION OF CAUSE F DEATH?		
BY PHYSICIAN: MED								-			1	YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	-	LACE OF OEATH (Ch	reck only one)						
HYSI	1 TYES 2 TO	1 Inpatient 2 3		28b. TII	4 ME OF	rsing Hon	ne 5 🗆 Residence			JURY OCCU	IREO			
SY P	1 Natural 5 Pending 2 Accident Investigation	(Month, De	sy, Ybar)	IN	IJURY M	1 [YES 2 NO							
E	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, farm,	street, fac	ctory, offic	te .		ON (Street a Town, State)	ind Number o	r Rural Rou	te Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											nd manner ea stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Revalion	Sc	n	300		29c. LICENSE NUI	MBER			SIGNED (M	fonth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS			oe, Print)		125	- N,	MAN			MOIX-		
	31. DATE FILED (Month, Day, Year)	Gulia Dav	R'S SIGNATURE	desse.	* *							41014		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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SPITE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	MI. I
E HO	E F	MA
HI C	THE S	NP0
F	FA	=

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)			FICATE				REG. NO 2. DATE OF DEATH			27476	
	Rita Webste	er						10 7 90				
	4. SOCIAL SECURITY NUMBER 214-20-0072	5. SEX 1	8. AGE (In yrs. lest birthday, 83 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Month, Day, Year) Country)			PLACE (State or Foreign () RYLAND	
	9a. FACILITY NAME (If not institution, give		0.5	9b. CITY	TOWN (OR LOCATI	ON OF DE			INTY OF DI		
5	2213 W. Pratt S				Bal	timo	re					
5	RESIDENCE OF DECEDENT		1 40-10	THE TOWNS OF		Float						
DIRE	MD			TIMORE				A 5			10d. INSIDE CITY LIMITS? 1X YES 2 NO	
ERAL	2213 W. PRATT ST	TREET			10	212	23	J. "		S.A.	HAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1	If yes, sp		n, Mexica	IIC ORIGIN? (Specify Ye n, Puerto Rican, etc.) /:	or No—	Speck	- American Indian, , White, etc. y: WHITE			
COMPLETED	18. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) 16a. OECEDENT (Give kind o life. Do NOT HOMEM.	f work done (use retired.)	CCUPATION MICE	ON pet of workli	ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
S	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NA	ME (First, Middle, Meiden	Surname)	_				
BE	WILLIAM TANKERS	LEY				MAR	GARE	T A. WHIT	E			
2	1993. INFORMANT'S NAME (Type/Print) MARK STEIN		19b. MAILIN 55	G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19 OLD COURT ROAD, BALTIMORE, MD. 21207							1207	
	20a. METHOD OF DISPOSITION " Burlal 2 Cremation 3 Ret 4 Donation 6 Other (Specify)	noval from State	METRO-CI	REMAT	ORY,	INC	metory or		CATION -	City or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE L	mid		H	ubba		uner	al Home, l Ave. Balt		e, M	D 21229	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contribution to definition not resulting in the additional given in Part I. PART II. Other significant conditions contribution to definition not resulting in the additional given in Part I. PERFORMED? 1 YES 2 NO 1 1											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHE	R:	1		eck only one)				
/ PHYS	27. MANNER OF DEATH Netural 6 Pending	28a. DATE O (Month,	F INJURY 26b. T	4 Nur	28c. IN.	JURY AT		6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED		
LED BY	2 Recident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At home, farm, etc. (Specify)	M 1 YES 2 NO 1, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMINATION OF THE CONTROL OF TH		of my knowledge, death occu								and manner as stated	
BE CO	296. SIGNATURE AND TITLE OF CENTIFIES 29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											

2 F 1870 76

and the

BALTIMORE, MARYLAN

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

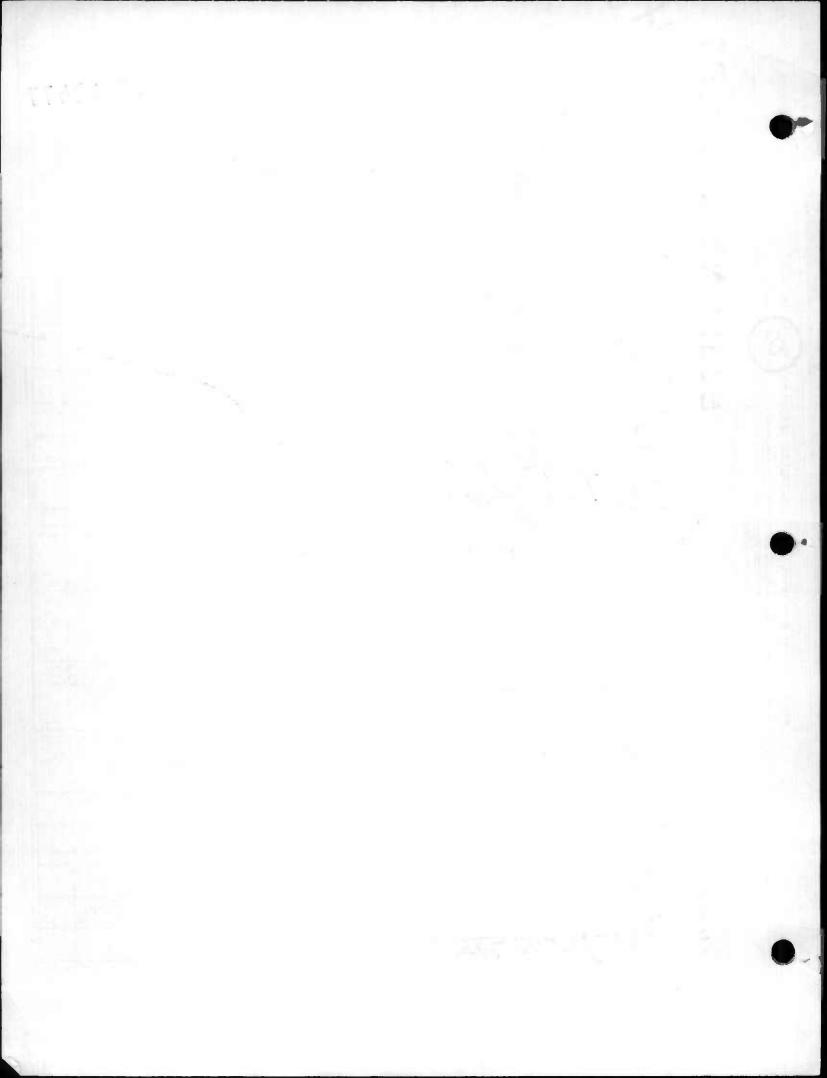
burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 271.77

REGISTRAR		CI	ERTIF	ICATE OF	DEATH	F	REG. NO.		-14/
1, DECEDENT'S NAME (First, Middle, Las	" Harold	Emmett	Whi	twer		2. DATE OF MONTH	DAY	YEAR 3.	TIME OF OEATH
4. SOCIAL SECURITY NUMBER 215 38 8851	5. SEX 1	6. AGE (In yrs. les	et birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		-1921	Country) II1	inois
9a. FACILITY NAME (If not institution, given North Arund		al			on Location of the	DEATH		Anne Ar	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUI				r, TOWN OR LOC		-		100	d. INSIDE CITY LIMITS?
Maryland A	nne Arunde	51	G.	len Bur	11e		I m. or	TIZEN OF WHA	YES 2 NO
443 Hardmoo					2106	1	10g. CI	U.S.A	Α.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2	NO	If yes, s	CENDENT OF HISP/ pecify Cuban, Maxic 8 2 Total Spec	an, Puerto Rica		14. RACE — Black, W Specify:	American Indian, Thite, etc. White
15. OECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 12th Grade	DUCATION ade completed) College (1-4 or 5	(0	Sive kind of v a. Do NOT us	usual occupativork done during no retired.)	oost of working	16b. KH	coast G		
17. FATHER'S NAME (First, Middle, Lest)	rm. 2 t			- J	16. MOTHER'S N		lle, Maiden Surname)		
James 19a. INFORMANT'S NAME (Type/Print)	Whitwer						J. Aberna		
Lowleda Whit	wer	19					Chy or Rown, State, 2 Burnie,		and 21061
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE other p. Md .	of DISPOS	e Vetera	emetery, cremetory or ans cemet	ery	20c. LOCATION - Crowns		Stata Maryland
21, SIGNATURE OF FUNEYAL REPORTS	LICENSEE	bon	æ	22. NAME	orge J.	Gonce I	Funeral Baltim	Home P	.A.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CONSE	QUENCE O	rj: Fj:	y eu	ilodn	m		
PART II. Other eignificant condit	d		resulting	In the underlyi	ng cause given i		e. WAS AN AUTOPS' PERFORMED? YES 2 NO	AM CC OF	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	Check only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	DOA	OTHER:	me 8 🗆 Residence	6 Other (S	(pecify)	,	
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, E	F INJURY Day, Year)	28b. TIM	URY V	JURY AT PORK? YES 2 NO	28d. OESCR	IBE HOW INJURY O	CCURED	
3 Suicide 6 Could not 1 4 Homicide determined	28e. PLACE C	OF INJURY — At h	ome, form,	street, factory, of	ice	281. LOCATIO	ON (Street and Numb lown, State)	per or Rural Rout	te Number,
and .	YSICIAN: To the best of								nd manner as stated.
296. SIGNATURE AND TOLE OF CERTIF	FIER	Melu	(Mn	29c. LICENSE N	UMBER 362		ATE SIGNED (M	onth, Day, Year)
BASANT K	WHO COMPLETED CAU	EL WA	EM 27) (Type	Print)			way, G	LENE	BURNIE
31, DATE FILED (Month, Day, Year)	Levidson-Ad	TOLER.							mo 31061



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifier the death certifier the death certifier the hospital or attending physici	mpletely filled in by the tuneral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept, of Health and Mental Hygie and more are constituent or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other manner went, the medical examiner must be notified at once.
X	to proper	r to bury.	Š
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death cen	e attending	ental Hygi	ury, or o
that the	ed by the	th and M	any inju
requires	been sign	t. of Heal	shows
: The lav	cate has	State Dep	item 23
HYSICIA	his certifi	with the	ked, or
ENDING F	R: After 1	er death	ls mar
DR ATTE	DIRECTO	hours aft	item 28
IOSPITAL	ERAL	In 72	=
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	FOR STATE REGISTRAR	STATE OF N					EALTH AN DEATH	ID MEI	NTAL HYGIENE REG. NO.		90 27478	
	1. DECEOENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH	,	YEAR 3. TIME OF DEATH	
	vilson, Sarah E	• SA	RAH E.	WILS	ON				AO DAY	5	908 a	
- 11	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	l birthday)			IF UNDER 24 H		DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)	
	212-32-4909	1 □ M 2 PF 101/			MONTHS DAYS HOURS MIN.			IN. 2	/12/1889		ST. MARY, S CO.	
	Se. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, 1	TOWN OF	R LOCATION C	OF DEATH		9c. COU	NTY OF DEATH	
E	Stella Maris 23	00 Dulane	valle	Rd	Torre	son.	ar.	Land		Balt	inore	
DIRECTOR	RESIDENCE OF DECEDENT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1000	50117	LAI.					
Ä	10e. STATE 10b. COUNT	Y		10c. CIT	TY, TOWN OR	LOCATIO	ON				10d. INSIDE CITY LIMITS?	
ā	MARYLAND			BA	LTIMO	RE					tX YES 2 □ NO	
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?	
ER	2306 BRADDISH A	VE. BALT	IMORE, M	ARYL	AND	2	1216			U	SA	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. W	AS DECE	NDENT OF HI		ORIGIN? (Specify Yes	or No—	14. RACE — American Indian, Black, White, etc.	
	1 Never Married 2 Merried	IF YES, GIVE WAR OR DATES				yes, spec	cify Cuben, M	lexican, Pr Specify:	uerto Rican, etc.)		Black, White, etc. Specify:	
BY	3 🔀 Widowed 4 🗌 Divorced					2.5	,			BLÁCK		
ED	15. DECEDENT'S EDU (Specify only highes) grade		16a. DEC	CEDENT'S	USUAL OCC	CUPATION	N It of working		16b. KIND OF BUS	INESS/INC	DUSTRY	
Щ	Elementery/Secondery (0-12)	College (1-4 or 5	+) life.	Do NOT u	work done du ise retired.)	ning mosi	t or working					
1	8		DO	MEST	CIC							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	'S NAME (First, Middle, Maiden	Surname)		
	CHAPMAN TUR	NER					MARY	TU	JRNER			
BE	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	G ADDRESS	(Street en	nd Number or F	Rural Route	Number, City or Town	, State, Zip	p Code)	
2	REGINA WATKIN		2	306	BRADD	ISH	AVE.	BALT	TIMORE, M	ARYL	AND 21216	
0	20s_METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or											
	1 ABuriel 2 Cremetion 3 Rem	oval from State	other pla	ace)			EMETER				RE, MARYLAND	
	21, SIGNATURE CONTINUE ALI SERVICE LI	CEMBER (-) 1	CALL	22. N	AME AND	D ADDRESS C	OF FACILIT	TY			
- 13	71/2 -1	4. 7	HIA	/	E	STE	P BROT	HERS	FUNERAL	HOME	,P.A.	
	4000	14 C	AUV	<u></u>					ACE, BALT			
	23. PART I. Enter the disassas, or	complications the	it caused the de	ath. Do	not enter t	the mod	de of dying,	such a	e cerdiec or raepi	ratory ar	rest, Approximeta	
	shock, drheart failure. Liat only one cause on assit line. IMMEDIATE CAUSE (Fine) IMMEDIATE CAUSE (Fine)											
	disease or condition											
77	DUE TO (OR AS A CONSEQUENCE OF):											
z	- Aretorioscieratic Cardiavage Was Dispasa											
CERTIFICATION	Sequentielly liet conditions, If any, leading to immediate D. T. T. C. C. C. C. C. C. C. C. C. C. C. C. C.											
S	cause. Enter UNDERLYING	C.										
E	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE C	OF):							
F	resulting in death) LAST	d.										
2		- * - *										
AL	PART ii. Other significant condition	as contributing to) death but not n	esulting	in the und	darlying	ceuse give	n in Par	t I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL									1 YE\$ 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
ME											1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OEAT	H (Check	only one)		1	
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Seelde	ence 6	Other (Specify)			
¥	27. MANNER OF OEATH	28a. DATE OF	F INJURY	26b. TII	ME OF	28c. INJU	JRY AT	7	d. OESCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN	IJURY M	1 Y	RK? 'ES 2 N					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At ho	me, farm,	street, fecto	ry, office		28	If. LOCATION (Street e	nd Numbe	or or Rural Route Number,	
	4 Homicide 8 Could not be		, etc. (Specify)						City or Town, State)			
9	290, CERTIFIER											
4	(Check only								the cause(e) end man			
COMPLET	2 MEDICAL EXAMIN	EH: On the basis of	axamination end/or i	Investigati	lon, in my op	oinion, de	eath occured a	at the time	e, data end place, an	d dua to t	he cause(a) end manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERRITIE	R					29c. LICENS	E NUMBE	Я	29d. DA	TE SIGNED (Month, Day, Year)	
8			->									
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Tvc	e. Print)	,						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

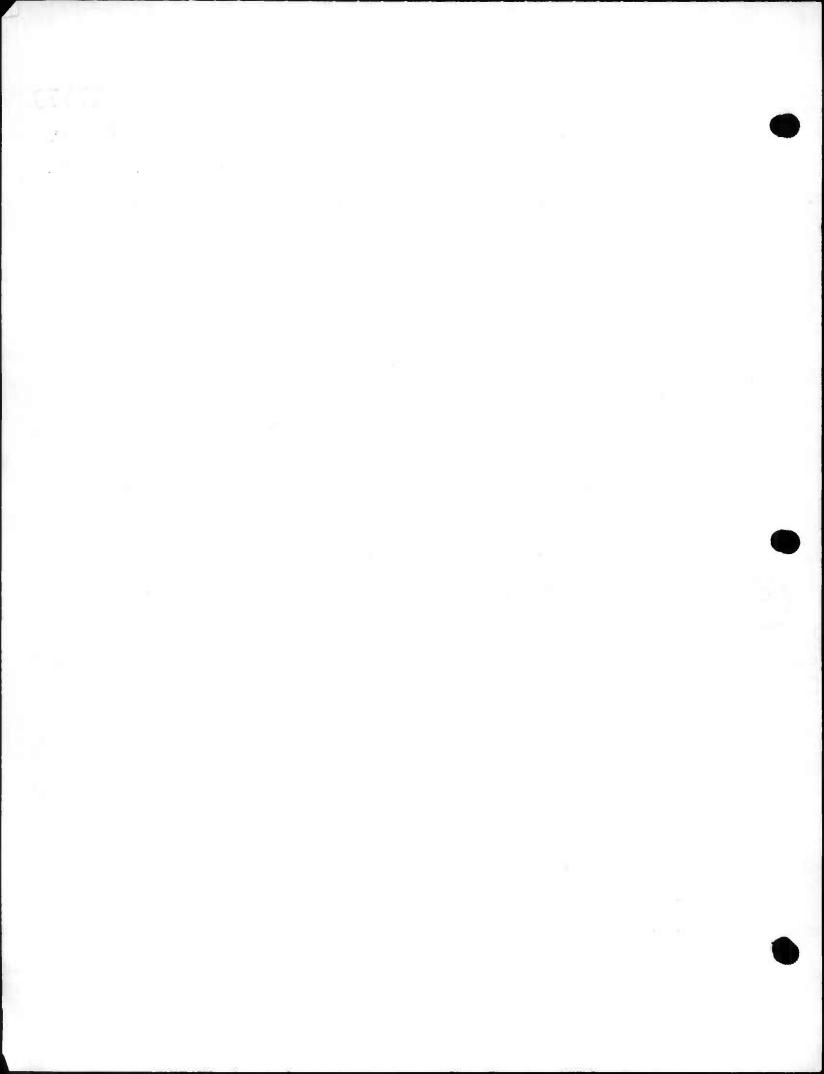
31. DATE FILED (Moritin, Day, Year)
OCT 09 1990

2300 Dulaney Valley Road

17. REGISTRANG SICHATURE

21204

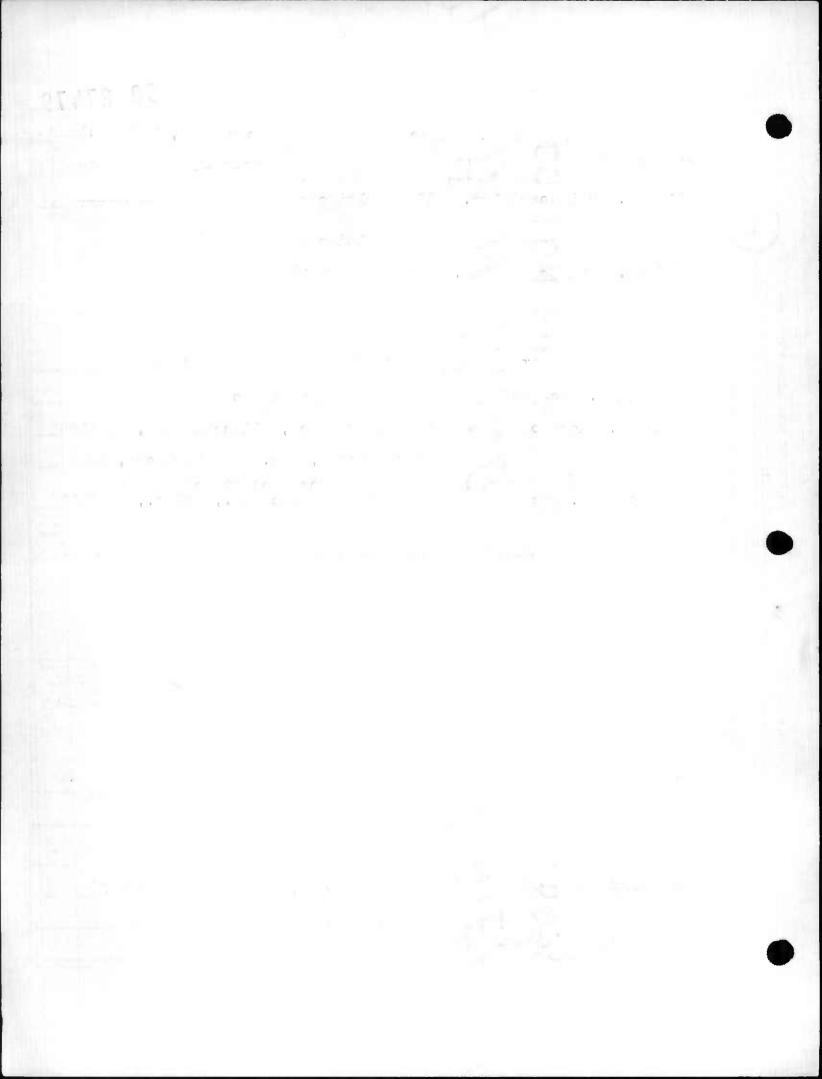
Towson, largland



TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours are reader by may be retained by the attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
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OCT 9 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.	9	0 27479		
	1. DECEDENT'S NAME (First, Middle, Lest) Marg	aret P.	Wilson			MONTH	ober		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-01-4918	1 □ M 2 🖾 F 7:	1 YRS. MOP	UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	03-	Day, Year) -28-1	919	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	3120 St. Paul (RESIDENCE OF DECEDENT		210	Balti	MOPE	EATH		9c. COUNTY	OF DEATH		
- DIRECTOR	Maryland 10a STREET AND NUMBER			Balti	more			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3120 St. Paul (21218			10g. CITIZEN OF WHAT COUNTRY? USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	n, Puerto R		res or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUX (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo tired.)	ON set of working	18b.		catio			
M	17. FATHER'S NAME (First, Middle, Last)	٦.	Teac	ner.	16. MOTHER'S NA	ME (Ext. A)			Π		
	Richard N. Pa	ckwood			Laura		III STATE OF THE S	Surrierne)			
BE	19a. INFORMANT'S NAME (Type/Print)	Chwood	19b. MAILING AD	DRESS (Street a	and Number or Rural			, State, Zip Co	de)		
9	Janice M. Blood	dworth	4214 C:	rest :	Place.	E11i	cott	City	MD 21043		
	26s. METHOD OF DISPOSITION 1		20c. LO	CATION City	r or Town, State						
	George E. I	ocie k Ro	ty o	f Mar	yland MD 21228						
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death CELL CANCER DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to death b	ut not resulting in t	he underlyin	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D-NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only on	0)		L		
SIC	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp		THER:	ne 5 M Residence	6 🗍 Other	(Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	W	JURY AT DRK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCUP	RED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		nome, farm, street, factory, office 28f. LO				and Number or	Rural Route Number,		
COMPLETED	(onton only	CIAN: To the best of my know							cause(a) and manner as stated.		
8	206. SIGNATURE AND TITLE OF CERTIFIED	290. LICENSE NU D 39 65				IGNED (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) WG-NELSON MOPAD, GOON WOLFE ST., BALTIMORE, MD 21205										
	OCT 9 1990 4	DEVISOR SIGN									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or any continuous and	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF N				HEALTH AND F DEATH	MEN	TAL HYGIENI REG. NO.	91	0 2	7480	
	1. DECEDENT'S NAME (First, Middle, Last)	2 ~ 2 ~	فينسيغ	3	Beadil	2. D	ATE OF DEATH	· 9		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	11111	IF UNDER 1 YEA		(A	ATE OF BIRTH fonth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	577-05-8189 1⊠ M 2 □ F	83	YRS.				ec. 2,19		Gibra		
œ	99. FACILITY NAME (If not Institution, give street end number) Suburban Hospital			Bethe	N OR LOCATION OF D	PEATH			NTY OF DEA	1	
	RESIDENCE OF DECEDENT							Montgomery			
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LO						od. INSIDE CITY LIMITS?	
	Maryland Montgomery 10s. STREET AND NUMBER		De	thesda	10f, ZIP CODE			10e. CIT		YES 2 NO	
FUNERAL	5101 Ridgefield Road				20816				J.S.A.		
N.	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARN	MED		DECENDENT OF HISPA specify Cuben, Mexic			or No-	14. RACE -	- American Indien, Vhite, etc.	
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced 1942—	AR OR DATES			ES 2 NO Speci		mo recent, etc./		Specify: White		
	16. DECEDENT'S EDUCATION	16a, DEC	EDENT'S	USUAL OCCUP	ATION		18b. KIND OF BUS	INESS/INC			
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 -	-)			most of working						
MP	2	Se1	f En	ployed		_	Wholesal		Distri	butor	
	17. FATHER'S NAME (First, Middle, Last) James F. Andrews-Speed, I	TT					irst, Middle, Meiden .able	Surneme)			
BE	190. INFORMANT'S NAME (Type/Print)		MAILING	ADDRESS (Str	et end Number or Rural			n, State, Zh	p Code)		
5	Pamela Thompson Chinn		1172	2 Larr	y Road, F	air	fax, Vi	rgini	La 220	30	
	20e. METHOD OF DISPOSITION 1 □ MBurlel 2 □ Cremetton 3 □ Removal from State	other pla	ce)		cemetery, cremetory or				City or Town		
	4 Donetion 6 Other (Specify)	Quan	tico	Natio	nal Cemet	ery	Tri	Lang1	Le, Vi	rginia	
	21. SIGNATURE OR FUNERAL SERVICE LICENSEE	O)		22. NAM	AND ADDRESS OF F	ACILITY	DeVol Fu	ınera	al Hom	ie	
	Manager Sign	wo	45 D-							ngton,D.C.	
	23. PART I. Enter the disesses, pr complications the ahock, or heart fellure. List only one cau			not anter the	mode of dying, su	ich as	cerdiac or reapi	ratory ar	real,	Approximate interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	acute	•	air	wow		obstr	Fau	CON		
	disease or condition as a consequence of: Due to (or as a consequence of): Secondary & aspirated Food										
NO	Sequentially list conditions, b.	(OR AS A CONSEC			G	-26	more	7	roes	1	
M	if any, leading to immediate cause. Enter UNDERLYING	(• ••						į	
E	that initiated events	(OR AS A CONSEC	UENCE O	F):							
CERTIFICATION	resulting in death) LAST									-	
AL C	PART II. Other eignificent conditions contributing to	deeth but not re	eauiting	in the under	ying csusa given ir	n Part	I. 24s. WAS AN PERFOR			VERE AUTOPSY FINDINGS	
							1 TYES 2	M NO		OMPLETION OF CAUSE OF DEATH?	
MEDI									1	☐ YES 2 ☐ NO	
AN	25. WAS CASE REFERRED TO MEDICAL			2	. PLACE OF DEATH (C	Check or	nly one)				
Sic	EXAMINER? HOSPITAL: 1 Inpetient 3	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing	lome 5 🗆 Residence	6 🗆	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF (Month, I		28b. TIN	JURY	INJURY AT WORK?	28d	. DESCRIBE HOW I	NJURY O	CCURED		
B	1 Natural 5 Pending Investigation	OF INJURY — At ho	me form		YES 2 NO	284	LOCATION (Street	and Alumba	or Or Prival Do	oto Alembar	
TED		etc. (Specify)	1110, 191711,	atreet, rectory,	Since	201.	City or Town, State)	and Numbe	or nurer not	ne rumoer,	
PLE	29e. CERTIFIER (Check only	ł my knowledge, de	ath occur	red at the time,	date end place, end du	ue to th	e cause(e) end me	nner ee st	eted.		
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of a	xemination end/or i	nvestigati	on, in my opini	n, death occured at th	he time,	date end place, en	nd due to 1	the cause(e)	end menner es stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jan. 1	n	_	29c. LICENSE NO	UMBER	6	29d. DA	TE SIGNED	Wonth, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU				. 5	_		<u></u>	~	3.71. Ba	
	31. DATE FILED (Month, Day, Year) 32. REGISTR.	B'S SIGNATURE	510		12001	28	2	Or C	26	100	
	SEP 21 '90 Su	hia Davidsor	-Ran	doll							

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	FOR STATE REGISTRAR	STATE OF !	MARYLAND /	DEPAR ERTIF	TMENT O	F HE	ALTH	AND I	MENT	AL HYGIENI REG. NO.	90	27	481	
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas	Minor Ar	ders	on, J	r.			2. DAT	TE OF DEATH	- 9	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-28-6922	5. SEX 1XXM 2 ☐ F	6. AGE (In yrs. less	YRS.	IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	7. DAT (Mo Apr	TE OF BIRTH	a. BIRTHPLACE (State or Foreign Country) Maryland			
RO	90. FACILITY NAME (If not institution, give st 30 Courthouse Sq		02		9b. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE				9c COUNTY OF DEATH Montgomery					
FUNERAL DIRECTOR		10b. COUNTY 10c.					ROCKVILLE					10d. INSIDE CITY LIMITS? XX YES 2 □ NO		
ERAL	100. STREET AND NUMBER 39 West Montgomer			10f.	ZIP COD	850			10g. CIT	U.S.	T COUNTRY?			
Se I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES					es, spec	olfy Cuba		n, Puerl	GIN? (Specify Yee to Rican, etc.)	or No-	14. RACE — Black, W Specify:	American Indian, hite, etc. White	
COMPLEXED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5	(G	CEDENT'S ive kind of . Do NOT u	USUAL OCCU work done duri se retired.)	UPATION ing most	N t of workli	ng	1	166. KIND OF BUS	egal			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Thomas	Minor	Ander	cson,	Sr.			HER'S NA	3.0	si, Middle, Malden	Surneme)	Giro	la	
TO B	190. INFORMANT'S NAME (Type/Print) Fr. George M. An	derson	19	b. MAILING	loysi	us (d Number Cath	or Runda nolic	îsh'i Ch	mgton, nurch, 1	DC 21	20001 St., 1	N.W.	
	20e. METHOD OF DISPOSITION 1	lece)	osition (Name of cometery, cremetory or ry Crematorium, Inc. 20c. LOCATION — City or Town, Blate Bethesda, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE . Some	Q MC	0522	22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home Rockville, Inc., 300 West Montgomery Avenue, Rockville, Maryland 20850-2805									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death													
	disease or condition resulting in death) oue to (or as a consequence of): Rheumatic Heart Prisease													
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE (OF):											
PHYSICIAN: MEDICAL C	J 📗 PART II. Other aignificent conditions contributing to desth but not resulting in the underlying cause given in Part I. 📗 24a, WAS AN AUTOPSY 📗 24b. WERE AUTOPSY i									ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINENT? 1	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:			DEATH (C	-	y one) Ther (Specify)	C	and,	1	
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Coldent Investigation	28e. DATE O (Month,	F INJURY Day, Year)	26b, TI	JURY	Bc. INJU WOI 1 Y		_ NO	28d.	DESCRIBE HOW	NJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE building	OF INJURY — At he j, etc. (Specify)	ome, farm,	street, factor	y, office				LOCATION (Street City or Town, State)		er or Rural Rou	te Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE												nd menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES	R 9	- 1	>		29c. LICENSE NUMBER 29d. DATE SIGNED (Month)				Nonth, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (ITE	EM 27) (Typ	e. Print)							-	2 2 11	

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32. REGISTRAR'S SIGNATURE

JUNE DAVIDSON Frendere

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Juns after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO		0 27482
1. DECEDENT'S NAME (First, Middle, Last) Anne Lee	Atchesor	2			2. DATE OF DEATH MONTH 9 - 19		YEAR 8: 85
	5. SEX 6. AC	SE (In yrs. last birthday) 83 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 22,	111	B. BIRTHPLACE (State or Foreign Country) SOUTH CAROLINA
9e. FACILITY NAME (If not institution, give street HOLY CROSS RESIDENCE OF DECEDENT	HOSPITAL			LVER SPRI		9c. COUNT	MONTGOMERY
100. STATE 10b. COUNTY MARYLAND	MONTGOME		TY, TOWN OR	LOCATION LVER SPRIN	G		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1814 SHERWOOD	ROAD			10f. ZIP CODE 2090	2		EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	lf :	AS DECENDENT OF HISPA yee, specify Cuben, Mexic YES 2 XNO Speci	en, Puerto Ricen, etc.)	e or No— 1	I4. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondery (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	ring most of working	18b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last) ERTON SCOTT	DRIGGERS			BERT		CA	BROWN
199. INFORMANT'S NAME (Type/Print) KENNETH M. ATCHISO 209. METHOD OF DISPOSITION		ON) 1814	SHERW	Street end Number or Rural ROOD ROAD, of cemetery, crematory or	SILVER SPR	ING, N	MARYLAND 20902 ty or Town, State
1 Veuriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICES		FT. LINCO	FRA	AME AND ADDRESS OF FA	ACILITY LLINS FUNE	RAL HO	O, MARYLAND OME, INC. SP., MD 20901
23. PART I. Enter the diseases, or co- ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Fuer	sed tha deeth. Do n each line.		eucyva		iratory arre	st, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE C					
PART II. Other significent conditional		h but not resulting	In the und	erlying cause given in	Part I. 24e. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:	Outpatient 3 DOA	OTHER:	26. PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJUI (Month, Day, Yes	RY 28b. TII		ISC. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	URED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (URY — At home, farm, Specify)	atreet, factor	ry, office	28f. LOCATION (Street City or Town, Stele		or Rural Route Number,
and they				ne, date end plece, end du Inlon, death occured at th			d.
296 SIGNIFICAND TITLE OF CENTINGS	Juin	. MA		D2	MBER 5080	29d. DATE	SIGNED (Moryn, Day Year)

W. NO 103/3 (
REGISTRAR'S SIGNATURE
Julia Davidson Randolle

31. DATE FILED (Month, Day, Year) 90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be millioned by the h	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be shallown by shall be shall be shallown. Or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nutified at one	
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FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	90 27483						
1. DECEDENT'S NAME (First, Middle, I		DERSO	N	2. DATE OF DEATH MONTH DAY	YEAR S. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 184-14-1514	5. SEX 6. AGE (In yr	MONT	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/5/2/	6. BIRTHPLACE (State or Foreign Country) Monessen, Pa.						
98. FACILITY NAME (If not institution, 3004 LANCEA RESIDENCE OF DECEDEN	PLACE	96.0	TYATTSVIL		Prince george						
10s. STATE 10b. CC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ON OR LOCATION		10d, INSIDE CITY LIMITS? 1 M 7€S 2 NO						
			101. ZIP CODE 20782	109	g. CITIZEN OF WHAT COUNTRY?						
10e. STREET AND NUMBER 3004 LANG 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 V YES 2 IF YES, GIVE WAR OR DATE: WWII	I NO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic: 1 YES 2 NO Specif	en, Puerto Rican, etc.)	U.S.A. e or No— 14. RACE — American Indian, Black, White, stc. Specify: WHITE						
15. DECEDENT'S	EDUCATION grade completed) College (1-4 or 5 +)	e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b. KIND OF BUSINES	SS/INDUSTRY						
Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Lac	None Electrical Mechanic Tech. W.S.S.C. 16. MOTHER'S NAME (First, Middle, Melden Surneme)										
George Anderson	George Anderson Annie (Unavailable)										
Louise F. Ander	19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) Louise F. Anderson (Spouse) 3004 Lancer Place. Hyattsville. Maryland. 20782 20c. LOCATION — City or Town, State Thought a Deposition of Commercian or Commercery, cremetory or 20c. LOCATION — City or Town, State Enoty Plimitive Baptist Church Cem. Largent, W.Va.										
21. SIGNATURE OF PUNICIPAL SERVICE			rancis Gasch	Sons Fune	ral Home, P.A. sville, Md. 20781						
	disease or condition resulting in death) a. MYO CARDIAL INFARCTION DUE TO (DR AS A CONSEQUENCE DF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	ditiona contributing to death but	not resulting in th	a underlying cause given in	1 Part I. 24s. WAS AN AUT PERFORMED 1 VES 2	O? AMILABLE PRIOR TO						
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C	heck only one)	1						
1 Netural 6 Pending 2 Accident Investige			Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 ND	6 Other (Specify) 28d. DESCRIBE HOW INJUI	RY OCCURED						
		At home, farm, atreet	factory, office	281, LOCATION (Street and I City or Town, State)	Number or Rural Route Number,						
e i cont	PHYSICIAN: To the best of my knowleds AMINER: On the basis of examination as				as stated.						
Dang and the	ATTIFIER ON WHO COMPLETED CAUSE OF DEATH	Kamine	DO 10	952 1	d. DATE SIGNED (Month, Day, Year)						
PAUL A. DE 31, DATE FILED (Month, Day, Your)	VORE M. D. 42		NSury Rd K	y att sville	MD 2018/						
SEP 2 1 '90	Lulia Savidson Band	00									

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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al.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	nedicai	ı
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With	rked,	
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1. DECEDENT'S NAME (First, Middle,		Luor		ERTIF					2. DATE OF DEATH SEPT. 24, 1990 6:00					
JEAN LOR		INE ALVORD 5. SEX 6. AGE (In yrs. last birthday) is UNDER 1 YEAR								OF BIRTH	+, 1			
	1 M 2			.,	MONTHS	DAYS	HOURS	WIN.	(Mont	h, Day, Year)	220	Coun	etry)	ete or Foreign
566-32-6025 9a. FACILITY NAME (If not institution,		Λ	61	i no.	AL OIT	70001	OR LOCATE	011 05 01		7 1, 19			LIFOR	NIA
			1101 1 011						EATH			NTY OF		
RT. #3, BOX	ZU, PAW	PAW	HOLLOW		1	LEONA	ARDTO	JWN			21	L. PL	ARY'S	
10a. STATE 10b. CC				10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INS	DE CITY
CALIFORNIA S		(CHULA	A VIS	STA							2 NO		
10e. STREET AND NUMBER				101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COU	NTRY?		
467 ARIZONA					920	010			Ţ	J.S.	Α.			
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES						ENDENT C	OF HISPAN	VIC ORIGI	N? (Specify Yea	or No-	14. RAC	CE — Ameri ck, White, a	ean Indian,
1 Never Married 2 Married 3 Wildowed 4 X Divorced			R OR DATES	NO		1 YES	2 XNO	Specify	y:			ecity:		
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15. DECEDENT'S (Specify only highest	grade completed)		(0	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					181	. KIND OF BUS	SINESS/INI	DUSTRY		
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12	6		SC	HOOL	TEAC	HER				EDUCA			-	
17. FATHER'S NAME (First, Middle, Las						18. MOTHER'S NAME (First, Middle, M					Surname)			
JOHN L. CUNNI							HELEN McWORTER reet and Number or Rural Route Number. City or Town. State. Zio Code)							
19a. INFORMANT'S NAME (Type/Print)												,		
MRS. CHERYL L.									ARDT	OWN, MA				
20b. METHOD OF DISPOSITION 1XI Burlet 2 Cremation 3 more in the State of Disposition (Name of cometery, crematory or 1XI Burlet 2 Cremation 3 more in the State of CLEN ABBEY CEMETERY 20b. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME, P.A. P.O. BOX 279, LEONARDTOWN, MARYI										LIFOR	NIA			
21. Signation Department Other (Special Publishment) 23. PART I. Enter the diseases	Onn.	of that	coused the d	eath. Do	22. BI P.	NAME AI RINSI	ND ADDRE FIELI BOX 2	FUN FUN	NERAI LEOI	HOME,	, P.A	A.	LAND	2065
21. SIGNATOR FUNCTION STATES	o, or complication	ps that ne cous	coused the d	enth. Do	BI P.	NAME AIRINSI	ND ADDRE FIELI BOX 2 ode of dy	Pring, suc	LEOI	HOME,	, P.A	A. IARY	LAND	20650
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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death, Page 6 may be	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Application of the form of the form of the second s
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG		27485			
	1. DECEDENT'S NAME (First, Middle, Les	Allez				2. DATE OF OEA MONTH	DAY Y	SATIME OF DEATH 920 P M			
	4. SOCIAL SECURITY NUMBER 215-62-9121	1 XXM 2 F 3	(In yrs. last birthday) IF U YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRT (Month, Day, Ye	er)	Country)			
LOR	98. FACILITY NAME (If not institution, gived to the second of the second		SPITAL 9b.	CITY, TOWN O	LNTON	ATH		PG-COUNTY			
DIRECTOR	10a. STATE 10b. COUI	RINCE GEORGES		OWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 IX YES 2 ND				
	100. STREET AND NUMBER 17011 LIVINGSTO	N ROAD			. ZIP COOE 20607	7	10g. CITIZEN OF WHAT COUNTRY? UNITED STATES				
BY FUNERAL	11. MARITAL STATUS 1 XXvever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	If yes, ap-	ENDENT OF HISPAN polity Cuban, Maxica XXNO Specify	IIC ORIGIN? (Speci n, Puarto Rican, at	fy Yea or No- 14.	RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	16. DECEOENT'S E (Specify only highest gra Elementary/Secondary (0-12)	OUCATION	16e. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	AL OCCUPATIO done during mo- ired.)	ON st of working	16b. KIND C	F BUSINESS/INDUS	TRY			
APL	12TH	NONE	MAIL H	IANDLE	?	GO	VERNMENT				
SON	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, N	Isiden Sumame)				
BE (WILLIAM ALBERT	ALLEN			MARY ELI	ZABETH	WASHINGT	ON ALLEN-CURTI			
10	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co				
-	MARY E. ALLEN		17011 L	IVINGS	TON ROAL	, ACCOK	EEK, MAR	YLAND 20607			
	209. METHOD OF OISPOSITION 1 K Surfai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MARYLAND VETERANS CEM. 20c. LOCATION — City or Town, State CHELTENHAM, MARYLAND										
	7 700	THORNTON JOHN	1/		ON'S FIIN		ME POMO	NKEY, MARYLAND			
RTIFICATION	ahock, or heart feitur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Re half a pue to long as a pue to long a pue	e Failu	۱۰۰.		Interval Between Onset and Death					
V: MEDICAL CE	PART II. Other significant condit		out not resulting in the		g cause given in		RS AN AUTOPSY ERFORMED? TES 2 10 NO	24b. WERE AUTOPSY FINDINGS AWALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERENCED TO MEDICAL EXAMINERY 1 YES 2 NO	MOSPITAL:		HER:	ACE OF DEATH (CN	eck only and					
	27. MANNER OF DEATH 1 Amount 5 Pending	28s. DATE OF INJURY (Month; Day, Year)	28b. TIME OF	Sec. INJ WO	W 5 Residence		HOW INJURY OCCUP	WiD			
TED BY	2 Accident Investigatio 3 Suicide 6 Could not i 4 Homicide determined	20s. PLACE OF INJURY building, stc. (Spe	r — At home, farm, street			Street and Number or Rural Route Numbec Statut					
COMPLET		YSICIAN: To the best of my know									
BE	296. SIGNATURE OF CENTIL				29c. LICENSE NUI		ata and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WHO CONNETED CAUSE OF DEATH (ITEM 27) (Ippe, Print) Dr. C. HAYR 9931 (IS CATAWAY & #541 (Inton mod 20735										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE				/				

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		1 - STATE REGISTRAR		STATE OF I	MARYLA					DEA		MENTA	REG. NO.	E	20	21400
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		4. SOCIAL SECURITY NUMBER	T	5. SEX	6. AGE (#	r yrs. last	_	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH			LACE (State or Foreign
		216-05-3834		1 🕅 M 2 🗌 F		74	YRS.	MONTHS	DAYS	HOURS	MIN.		0.0	6		yland
	1	Se. FACILITY NAME (If not institu	eet and number)	1/1		_	9b. CIT			ON OF DE	ATH		9c. COU	NTY OF DE		
	S S	SOUTHERN	4/min	MIN HOSPITH CHINTON							~	4 PRINCE GEOR				
	DIRECTOR	RESIDENCE OF DECEL	DENT			1		v TOWN	OR LOCAT	TION			-			IOd. INSIDE CITY
	Ē.			e George												LIMITS?
		Maryland 1	LITHE	e George	:5		0	pper		Lbor	-			10a, CITI		AT COUNTRY?
	FUNERAL	14509 Church Street 20772 United St								tates						
	N N	11. MARITAL STATUS	12. WAS DECEDER	WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC									14. RACE -	- American Indian,		
	BY FI	1 Never Married 2 Mail Mail Mills Married 2 Mail Mail Mills Married 4 Divorced	FORCES?	PRCES? 1 → YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ YES 2 ★ NO Specify:								Specify	White, etc. White			
		15. DECEDE	ENT'S EDUC	ATION	Т	16a. DEC	CEDENT'S	USUAL O	CCUPATION	ON		161	b. KIND OF SUS	INESS/INC	DUSTRY	
		(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5	4)	(Giv		work done	during mo	ost of worki	ing					
	PL	9	′		-	Fin	refi	ghte	r			ט	.S. Go	verni	ment	
300	COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)	-						18. MOT	HER'S NAI	ME (First,	Middle, Maiden	Sumeme)		
10	BE C	Russell Ande	rson							P	ear1	Bas	sford			
1	2	19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
9	-	Nellie B. An		n						Tr.		reet				Md. 20772
examiner must be notified at once		20a. METHOD OF DISPOSITION 1	3 🗌 Remo	wal from State		other pla	ce)			metery, cre					City or Tow	
E		4 Donation 5 Other (Specify) Fort Lincoln Cemetery Brentwood Mar 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									ryland					
틭		Beall-Evans Funeral Home, P.A.														
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5	띪	resulting in death) LAST		ı												
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10		-coronary			, Carr							_	1 1 165 2	X		DF DEATH? 1 YES 2 NO
69	Σ															
m 23	SICIAN	25. WAS CASE REFERRED TO N	MEDICAL							LACE OF	DEATH (Ch	eck only o	one)			
r Item	35	1 YES 2 NO		HOSPITAL:	☐ ER/Outp	atient 3	□ DOA	OTHE 4 □ Nu		ne 5 🗆 F	lesidence	8 🗆 Oth	er (Specify)			
9d, or	PHY	27. MANNER OF DEATH	-00	28a. DATE O (Month)	F INJURY Day, Year)		28b. TIN	IE OF		JURY AT DRK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
	BY	1 Natural 5 Per 2 Accident Inv	nding estigation		20000			М	1 🗆	YES 2	□ NO					
9	0		uld not be	28e. PLACE building	OF INJURY	— At hor	me, farm,	street, fac	ctory, offic	CO CO		28t. LO- C/t)	CATION (Street of or Town, State)	and Numbe	r or Rural Ro	oute Number,
64		4 Plomicios det	ermined													
IMPORTANT: If Item	COMPLET	(Orlock Orly)		CIAN: To the best of												
Ë	Š	one) 2 MEDICA	L EXAMINE	R: On the basis of	examination	end/or li	nvestigati	on, in my	opinion,	death occ	ured at the	time, det	le end place, er	nd due to t	he ceuse(a)	end manner es stated.
	ш	296. SIGNATUME AND TITLE OF	CERTIFIER	A.D.	MA					29c. LIC	CENSE NUI	MBER		29d. DAT	TE SIGNED	'Month, Day, Year)
IMP	108	// glead	N	ull	7					D30	0041			P 9	/11/	90
	-	30. NAME AND ADDRESS OF PA	1						tts	Ro	ad.	Sui	te 20	1A.	Clir	ton. MD
		31. DATE FILED (Month, Day, Yea		32. REGISTR												,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inspiral or attending physician and completely filled in by the funeral director, page 5 should be detected for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriel, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 21203-31

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The law requires that the death	ate has been signed by the attent	tate Dept. of Health and Mental H	tem 23 shows any Injury, or
AN: The law requires that the death	ificate has been signed by the attent	State Dept. of Health and Mental H	r item 23 shows any injury, or
ICIAN: The law requires that the death	ertificate has been signed by the attent	the State Dept. of Health and Mental H	or item 23 shows any Injury, or
YSICIAN: The law requires that the death	s certificate has been signed by the attent	th the State Dept. of Health and Mental H	ed, or item 23 shows any injury, or
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NDING PHYSICIAN: The law requires that the death	R: After this certificate has been signed by the attent	er death with the State Dept. of Health and Mental H	is marked, or item 23 shows any injury, or
TENDING PHYSICIAN: The law requires that the death	TOR: After this certificate has been signed by the attent	after death with the State Dept. of Health and Mental H	28 is marked, or item 23 shows any injury, or
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L OR ATTENDING PHYSICIAN: The law requires that the death	. DIRECTOR: After this certificate has been signed by the attent	hours after death with the State Dept. of Health and Mental H	Item 28 is marked, or item 23 shows any Injury, or
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	1 - STATE OF MA	ARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND MI	ENTAL HYGIEN	E 90	27487			
i	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH					
1	ALBERT CARMEN ANGELILLI 4. SOCIAL SECURITY NUMBER 6. SEX 6	i. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 1	09 - 22 ·		12:00 NOON			
	217107831 XX M 2 D F	71 YRS.	MONTHS DAYS	HOURA MIN.	06-21-191	L9 °	- MAT			
æ	9a. FACILITY NAME (If not inetitution, give street and number)		Cumber.	r location of deat Land	Н	9c. COUNTY				
6	SACRED HEART HOSPITAL						ANY COUNTY			
DIRE	MD Allegany		y, town on Locat berland	ION		10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO				
FUNERAL DIRECTOR	805 Maryland Avenue, Apt.	1		ZIP CODE 502		10g. CITIZEN OF WHAT COUNTRY? USA				
B≼	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? 14. WAS DECEDENT FORCES? 17. WAS DECEDENT FORCES? 17. WAS DECEDENT FORCES?	EVER IN U.S. ARMED YES 2 NO R OR DATES WIT		endent OF HISPANIC ofty Cuban, Maxican, 2 NO Specify:		RACE — American Indian, Black, Whita, atc. Specific te				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life, Do NOT u	USUAL OCCUPATION Work done during modes retired.)	N at of working	166. KIND OF BUS		RY			
	17. FATHER'S NAME (First, Middle, Last) nfn	E (First, Middle, Maiden	Surname)							
TO BE	Scarpelli Funeral Home	108"V	ADDRESS (Street a	Avenue, C	űmber lánd	r, Smin Zip C2	1502			
	20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)	206. PLACE OF DISPO	SITION (Name of cent	netery, cremetory or ns Cemeter	cy Fli	cation — city ntstone	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Danaso 7 Mcargu	Ui	23 SCAIT	erland, M	Fal Home 21502					
	23. PART . Enter the diseases, or complication that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (c	e on each line.					Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
띩	resulting in deeth) LAST									
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions contributing to a Quit my o cordered Renal Failur Premonia	Professional Control of the Control	In the underlying	g ceuse given in P	art I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
X	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (Chec	k only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 10 Inputient 2	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Horr	e 5 🗆 Rasidence 6	Other (Specify)					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		ME OF 28c. INJ JURY WO	RIC?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
	3 Suileide 200 280. PLACE OF	INJURY — At home, farm, tc. (Specify)	street, factory, offic		26t. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of results of the best of axis one)						suse(a) and manner as stated.			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUME		29d. DATE SI	ONED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSI	F OF DEATH (ITEM 27) (Tem	e Print)	D212	-44	9	124193			
	JESUS TAN, M.D. FROSTI	BURG PLAZA,	4 - 4 - 4	RG, MD 2	1532					
	31. DATE FILED (Month, Day, March ST P 2 8 1990 July 22. BEGISTRAF	A MONOGOL								

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OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21206-3746	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 rious after death. Page 6 may be retained by the hospital or any rious for the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the permit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	riked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re-	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 sh
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT - LT) (Type, Print)

SAMIEL B. TTSCOTTZ. M.D. 10313 GEORGIA

31. DATE FILED (Month, Dev. Your) 90

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11 HRIAN	St. Middle, Last) PEAR	L BA	ery				2. DATE OF CEATH DATE OF THE D	6-	90	3. TIME OF BEATH	
4. SOCIAL SECURITY NUI	1	5. SEX	6. AGE (In yrs. les		MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. OATE OF BIRTH (Month, Day, Year) JUNE 30.1	910	Countr		
577-18-626 •• FACILITY NAME (# not HOLY CROSS	institution, give stree				96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING				9c. COUNTY OF OEATH		
RESIDENCE OF DE		10c. CITY	TOWN OR LOCAL			I MONTGOMERY					
MARYLAND MONTGOMERY 100. STREET AND NUMBER				SI	LVER SPI					LIMITS?	
						. ZIP CODE				VHAT COUNTRY?	
4606 WISSAHICHAN AVENUE 11. MARITAL STATUS 1 Never Married 2 Merriad 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 WIGOWARD OR DATES			MED	13. WAS DEC		NIC ORIGIN? (Specify Yes on, Puerto Ricen, etc.) y:	US.	14, RACE			
	ecedent's education of the second of the sec) (Gi	ive kind of w Do NOT use			16b, KIND OF BU	SINESS/IN			
17. FATHER'S NAME (First,	Micidle, Last)		HU	OMEMA	KEK	18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)			
WALTER CUT			Lan	Manino	ADDRESS (St.	JESSIE	Route Number, City or Tow		The Control		
23. PART 1. Enter the ahock, or IMMEDIATE CAUSE (f disease or condition resulting in death)	heart fallure. Lie	at only and cau	t caused the de as on each line		500 U	NIVERSIT	LLINS FUNE Y BLVD.,W.	SIL	.SPR.		
	nediate YING	sand	OR AS A CONSECUTION AS	101	2 to	epho	-chilis	Jen	bolo	DAN	
Sequentially list conditions, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) Li	LST d.	2500	- un		-	100				PAY	
If any, leading to Imm cause. Enter UNDERL CAUSE (Disease or In that initiated events	d.	contributing to	death but not i	raaulting i	n the underlyln	g cause given in	Part I. 24s. WAS AMPERFOI	RMED?	Y 24b	AVAILABLE PRIOR TO	
If any, leading to Imm cause. Enter UNDERI CAUSE (Disease or In that Initiated events resulting in death) Li	cant conditions	contributing to			26. P OTHER:	LACE OF OEATH (CA	PERFOI	RMED?	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
If any, leading to Imm cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) Lipart II. Other algniff DART III. Other algniff DART III. Othe	cant conditions		ER/Outpatlant 3	DOA 28b. TIM	26. P OTHER: 4 □ Nursing Hon E OF 28c. IN, URY W(LACE OF OEATH (CA	YES :	RMED?		COMPLETION OF CAUS OF DEATH?	

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AVENUE #307 STLVER SPRING

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203	nin 24 hours after death. Page 6 may be retained by the hospital or attending the same and a second of the second) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the configuration of the first of th	nation; or territoria. It, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex	be filed within 72 hours after death with the State Dept. of health and Menda hydrer prior to ourse, cremator, or remova. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First	Middle, Last)		. 7	·	1			2. DATE (OF OEATH	Υ _	YEAR	3. TIME OF OEATH
Thomas	LA	richae	L Br	195	+			9-	22	90		1940 M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. les	t by(hday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE (Day Year)		Country	PLACE (State or Foreign
577-52-90		1 🛭 M 2 🗌 F	52	YRS.				Jul	y 11,	1938	V	Vashington,D
9a. FACILITY NAME (If not in						WN OR LOCA		EATH		9c. COUNTY OF DEATH		
WAshingto		entist Ho	ospital		Tak	oma Pa	ırk			Мо	ntgo	omery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION									Т	10d. INSIDE CITY		
Maryland	Mot	ntgomery				Sprin	10					LIMITS?
							10g, CITIZ	EN OF W	/HAT COUNTRY?			
12113 Willow Wood Drive 20904 USA								A				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.) 14. RACE — American Indian,								— American Indian.				
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cubert, Mexican, Puerto Rican, etc.) Black, Whita, etc. Specify: Specify												
3 Widowed 4 Dive	orced										. 1	∛hite
15. DEC (Specify on	EDENT'S EOU	CATION completed)	(G	ive kind of w	USUAL OCCU	IPATION ng most of wor	king	16b.	KINO OF BUS	SINESS/INDU	JSTRY	
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17. FATHER'S NAME (First, A									fiddle, Malden		4.7	
		iam Brig							Louise			У
19a. INFORMANT'S NAME (ah +				treet and Numb						3 20004
Andromed:		gnt						, 51.				1. 20904
1 2 Burial 2 Cremeti 4 Donetion 5 Othe	on 3 🗆 Rem	oval from State	other D	lace)		of cometery, cr				cation — c 1s Ch		n, Virginia
21. SIGNATURE OF FURE	L SERVICE LIC	19 m	01		22. NA	ME AND ADDE	ESS OF F	CILITY	1 11	_		
21. SIGNATURE OF FUNCTAL SERVICE LICENSEE Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md. 20904												
23. PART i. Enter the	iseasea, Dr	complications the	et caused the de	eath. Do n			_					Approximate
shock, of t	neert fallure.	List only one ca	use on each line	ь.								Interval Between Onset and Death
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resulting in death)		DUE TO	(OR AS A CONSE	•								
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Sequentielly list condi- if any, leading to imme		DUE TO	(OR AS A CONSE	OUENCE OF	F):							
cause, Entar UNDERLY CAUSE (Disease or in)		c										
that initiated events resulting in deeth) LAS		OUE TO	(OR AS A CONSE	OUENCE OF	F):							i
Tooding in death) to		d								•		
PART II. Other algnific	ent condition	na contributing to	death but not	resulting i	in the unde	rlying cause	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIDR TO COMPLETION OF CAUSE
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İ	:							_				
25. WAS CASE REFERRED	TO MEDICAL					28. PLACE OF	DEATH (C	heck only on	ю)			
EXAMINER?		HOSPITAL: 1 X Inpatient 2	☐ ER/Outpatient	DOA	OTHER:	g Home 5 🗆	Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28h, DATE O	F INJURY Day, Year)	28b. TIM	E OF 2	G. INJURY AT		28d. DES	CRIBE HOW	INJURY OCC	URED	
1 Natural 5 2 Accident	Pending Investigation	(month,	ji ivalij	1143		1 YES 2	□ NO					
	Could not be		OF INJURY — At h	ome, tarm, s	street, factory	, office			ATION (Street or Town, State		or Rural i	Route Number,
4 Homicide	determined	aunuing	, sie (specify)					Uniy	IVAII, SIETO			
(Crieck only		ICIAN: To the best o										
2/9 11/2	7)											a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	1				29c. L	315	MBER 3		29d. DATE	- Z	(Month, Day, Year) 3-90
30. NAME AND ADDRESS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	F PERSON W	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type,	Print)	10.10	201.	15AI	15 <	1 (1)=	RC	PAN ROGILL
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200	iled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	*ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin
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	REGISTRAR		CER	HITICALI	CUF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	LOTTIE	В.	BROW	N			Ser		2, 1		3:45 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth		A 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		e BIOTHE	ACE /State or Familia
-		1 M 2X F	00	RS. MONTHS	DAYS	HOURS MIN.	_ (Month	Dey Year)	1000	Country	ginia
	212-24-4332		02 1	HS.			harz	29,	TANA	Vir	rginia
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN	OR LOCATION OF DI	EATH		9c. COUP	NTY OF DE	HTA
E	1135 Univ. Bl	vd #812		Si	1 700	r Sprin	a		Mo	ntac	omery
K	RESIDENCE OF DECEDENT	1022		1 51		L OPILII	9		110	nege	DILLETA
E	10s. STATE 10b. COUNT	Υ	10-	c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
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FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED			ENDENT OF HISPAI			or No-	14, RACE	- American Indien, White, etc.
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	15, DECEDENT'S EDU	ICATION	ten DECEDI	ENT'S USUAL C	ACCUPATE	ON	1 405	. KIND OF BUS	INCO (INC		CA
쁘	(Specify only highest grad	e completed)	(Give kin	nd of work done	during mo		100	. KIND OF BUS	MUE 29/IND	USINI	
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AP	7th Grade		Do	mesti	C	(Ret)		Nor	ne		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, I	Hiddle, Maiden	Surname)		
O	Allon C-	+h				_		a -			
BE	Allen Smi 19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	tty	S Bi	Clce	200	
9		(Daughter									20745
-	4s Shirley Harr	ison	58	OT Ch	oct	aw Driv	e, E	orest	: He	ight	s, Md
	20a. METHOD OF DISPOSITION		20b. PLACE OF D	ISPOSITION (N	leme of ce	metery, crematory or		20c. LO	CATION	City or Tov	vn, State
	5 Buriel 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Byrd G	rove	Ban	tist Ce	m	Ker	t s	Sto	re, Va.
	21_OFGNACURE OF FUNERAL SERVICE L	CENER	2720.0			ND ADDRESS OF FA		11101	10,0	Dec	ic, va.
	21 SIGNAPHE OF FORENAL SERVICE D	CENST		Iŝ	NOW	DEN FUN	ERAT	. HOME	Q 5	Δ	#20850
3	Land K	In.	200								
-	The A	Maron	cru-								ville, Md
	23. PART I. Enter the diseases, or shock, or heart failure.			Do not ente	r tha mo	ode of dying, aud	th aa cart	liac or respi	retory an	reat,	Approximate Interval Between
- 3	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition										14 day
	resulting in death)	B. DHE TO (OR	AS A CONSEQUEN	M CE OD:							1 000 4
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Z	Sequentially list conditions	b	DET	mence	0	CANU	EN				- HTX
Metastatic cancer Sequentielly list conditions, if any, iseding to immediate Cancer colon Cancer colon											
CATI	cause. Enter UNDERLYING	6.	Cause. Enter UNDERLYING CAUSE (Disease or injury								
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Migu	6	.)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nouns after death. Page 6 may be retained by the hearpill only any annual properties of the hearpill only and any only and a second of the hearpill only and a second of the hearpill only and a second of the hearbill only and a second of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physician and competely filled in by the funeral director, page 5 should be detactive for the physician and competely missing the funeral director, page 5 should be detactive for the physician and the physician and the funeral director, page 5 should be detactive for the physician and the physi	be filed within 12 hours after death with the state begin, or related any wester print, to busing, desirable, or seconds. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
pecuted within	and completely	natic event, t
certificate be e	ding physician	other traum
nat the death	by the atten	ny injury, o
w requires the	been signed	3 shows at
IAN: The la	rtificate has	or Item 2
DING PHYSIC	After this ce	s marked,
L OR ATTEN	DIRECTOR	Item 28
TO THE HOSPITAL	TO THE FUNERAL	De filed within /2 IMPORTANT: If

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ransit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	OEATH DA	N.	YEAR	3. TIME OF OEATH
	Florenc	e	М.	В	urkh	nardt	:				Sept.		, 19		12:20 P M
	4. SOCIAL SECURITY NUMB	ER	6. SEX	6. AGE (I	n yrs. lest	birthday)		ER 1 YEAR	-	R 24 HRS.	7. DATE OF (Month, D			6. BIRTI	HPLACE (State or Foreign
	189 24 6955		1 🗌 M 2 🖾 F		84	YRS.	MONTHS	DAYS	HOURS	MIN.	July	7, 1	906		Jersey
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)				9b. CIT	TY, TOWN	OR LOCAT	ION OF DE	ATH		9c. COL	INTY OF D	EATH
8	Montgomery	Genera	al Hospit	al			C	lney					Mon	tgom	ery
DIRECTOR	RESIDENCE OF DEC														
뿔	10a. STATE	10b. COUNTY				LIF					10d. INSIDE CITY LIMITS?				
0	Maryland	Montg	omery			Rockville								1 TYES 2 NO	
M.	10e. STREET AND NUMBER		_			101. ZIP COOE						10g. CITIZEN OF WHAT			
FUNERAL	4810 Tallah	assee					-		2085						States
5	11. MARITAL STATUS 1 Never Married 2 🔯	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Merried IF YES, GIVE WAR OR DATES					13	If yes, sp	ecify Cub	en, Mexica	IIC ORIGIN? (5 n, Puerto Rice		or No	Blac	E — American Indian, k, White, atc.
B	3 Widowed 4 Divo		IF YES, GIVE \	MAR OR DA	TES			1 TYES	2 25 NO	Specify	**			Spec	White
	15. DEC	EDENT'S EDU	CATION	1				OCCUPATI			16b. KI	NO OF BUS	SINESS/IN	OUSTRY	***************************************
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5	+)	(Gi	ve kind of v Do NOT us	work don se retired	ne during mo (.)	ast of work	ing					
립	12	,	2	<i>'</i>	Ass	ista	nt	Perso	nne]	1	Re	tail	Clot	hine	,
8	17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	THER'S NA	ME (First, Midd				
BE C	George		1	Ellis	3					Kath	erine	Stol	nll		
	19s. INFORMANT'S NAME (7	iypa/Print)			198	. MAILING	ADDRE	SS (Street	and Numbe	er or Rural I	Route Number,	City or Tow	n, State, Z	ip Code)	
2	Albert P. 1	Burkha	rdt		4	810	Tal	lahas	ssee	Aven	ue,Ro	ckvi]	le,	Mary	land 20853
	200. METHOD OF DISPOSIT	THOD OF OISPOSITION 20b. PL				OF DISPOS	SITION (Name of ce	metery, cre	matory or		20c. LO	CATION -	City or T	own, State
	4 Donation 6 Other	(Specify)	Oval Holl State	_ Pa	arkl	awn	Mem	orial	Par	rk		Roo	kvil	lle,	Maryland
1	21. SIGNATURE OF FUNERA	L SERVICE LIG	CENSEE				2:	2. NAME A	NO ADDR	ESS OF FA	CILITY	Fin	oral	Hom	6
Robert A. Pumphrey Funeral Home Rockville, Inc., 300 West Montgom Avenue, Rockville, Maryland 2085								gomery							
	23. PART i. Enter the d	Iseases, pr			_	ath. Do i	not ent								Approximate
									interval Between Onset and Death						
	iMMEDIATE CAUSE (Fir disease or condition		. Small	Potro	1 Oh	ctri	ati	07							
ŀ	resulting in death)					OUENCE OF):					2 Months				
-			Conges	tive	Hea	rt F	ail	ure							
5	Sequentially list condit if any, leading to imme			(OR AS A											
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	Chroni	c At	rial	Fib	ril.	latio	on						
E	that initiated events		DUE TO	OR AS A	CONSE	DUENCE O	F):								
CERTIFICATION	resulting in death) LAS	' L	d. Corona	ry A	rter	y Di	sea	se							
0	PART II. Other aignifice	nt condition	na contributing to	death b	ut not r	eauiting	in the	underlyin	g cause	given in	Part i. 2	la. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL												PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-										— ¹	YES :	NO IN		OF DEATH?
											— I				1 TES 2 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL						28. F	LACE OF	DEATH /C/	eck only one)				
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 🏋 NO		HOSPITAL:	☐ FR/Outr	ationt 3	□ DOA	ОТН	ER:			6 Other (S	Panolikel			
H	27. MANNER OF OEATH		26e. DATE O	FINJURY	ARTHUR S	26b. TIA	IE OF		JURY AT	nasioenca	28d. DESCR	• • • • • • • • • • • • • • • • • • • •	INJURY O	CCURED	
	1 🖾 Netural 5 🗌	Pending	(Month,	Day, Year)		IN	JURY M		ORK? YES 2	□ NO					
BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY	— At ho	me, ferm,	street, f	lactory, offi	ca		26f. LOCATI	ON (Street	and Numb	er or Rural	Route Number,
	4 Homicide	determined	building	, atc. (Spec	city)						City or	Town, State)		
W	29a. CERTIFIER 1 X CER	LIEAING BRAG	ICIAN: To the best of	d my bar-	dado- d-	ath con-	and per st.	o time de	a and ul-	na and do	to the asset	(a) and m-	0004 CO =	eted	
COMPLETED	CONSUM UNITY														(e) end manner as stated.
	29b. SIGNATURE AND TITE														
BE	117	1	U_{\perp}	a	2				7	CENSE NU	217				D (Month, Day, Year)
2	30, NAME AND AODRESS O	E DEBGUM AN	O COMPLETED CA	ISE OF DE	ATH ATE	M 271 /5m	Deine)		V		/		S	ept.	24, 1990
								Whood	-02	Massa	ol and	2004	12		
	M. W. Khan,		32. REGISTE			venu	٠,	wireat	LUII,	mary	Tand	2090	14		
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DIRECTOR

FUNERAL

BY

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BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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1. DECEDENT'S NAME (First, Middle, Last

VEAD

REG. NO.

2. DATE OF DEATH

of all or all and the state of	d for 't and the stranger of the stranger 1, 2, 3 should be stronger 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,)
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it makes after death. Page 6 may be retained by the hospital or makes of many and the companies or many and the second of the seco	FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the attendance of the stress of the permit. Pages 1, 2, 3 should be detached for the stress of the stres	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21205

VITAL RECORDS, P.O. BOX 13146,

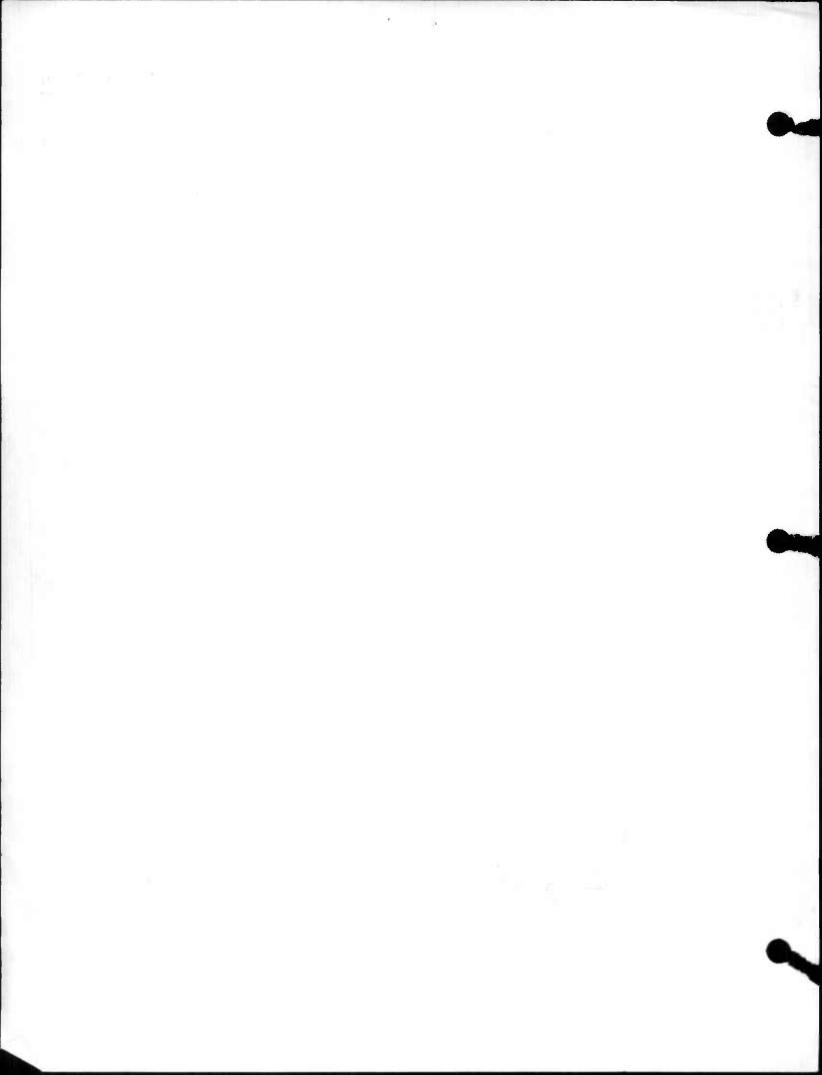
DIVISION OF

TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If IN

223

BIERWAGEN 4:30P M FREDA SEPT 1990 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYE HOURS 1 M 2 TF 579-32-8909 78 YRS. SEPT. 2,191 IOWA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6627 CHESTNUT AVENUE NEW CARROLLTON PRINCE GEORGE'S RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S NEW CARROLLTON 1 YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 6627 CHESTNUT AVENUE 20784 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 24 NO Specify: 1 Never Married 2 Married 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES Specify: WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of College (1-4 or 5+) Elementary/Secondary (0-12) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARCH P. LOVITT MINNIE C. BIDDENSTADT 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RONALD BIERWAGEN 565 LAUREL ROAD RIVA MARYLAND 208. METHOD OF DISPOSITION
1 Derived 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State GATE OF HEAVEN CEMETERY ☐ Donation 5 ☐ Other (Specify) SILVER SPRING MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. las 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. **Approximata** Intervei Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition___ ande al reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 1-2 Months Coronary Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRICE TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO DF DEATH? 1 YES 2 NO 28. PLACE DF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL FXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 ND 4 Nursing Home 5 Reeldence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation м 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end dus to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 90 9 114 174 30. NAME AND ADDRESS OF PERSON WHO/COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH K. JOSHI, M.D. G.H.A. 6525 BELCREST ROAD HYATTSVILLE. MD 20782 32 MEGISTRAB'S SIGNATURE
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Does not of Other (Specify) MONTGOMETY Crematorium, Inc. SIGNATURE OF PUREAL SERVICE LICENSEE MO0522 2. NAME AND ADDRESS OF RECITY ROBERT A. PUmphrey Funeral Home Rockville, Inc., 300 West Montgomery Avenue, Rockville, Inc., 300 West Montgomery Avenue, Rockville, Inc., 300 West Montgomery Avenue, Rockville, Inc., 300 West Montgomery Avenue, Rockville, Inc., 300 West Montgomery Avenue, Rockville, Inc., 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 Approximate shock, or heart feiture. Liet only one cause on each line. MMEDIATE CAUSE (Final lisease or condition. a. Lung cancer DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PREFORMED? DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ	Phyllis Br	uder			1640 N	Marth	a Terr	ace,	Rockville	e, Ma	ryla	nd 20852	
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the Count not be detarmined building, etc. (Specify) September 25, 1 Ralph V. Boccia M.D. 14808 Physicians Lane #212 Rockville, Maryland 20850	2 Accident		00 - 01 1 -	OF MILLIPS	1			∐ NO					
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D29675 D29675 September 25, 1 O. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ralph V. Boccia M.D. 14808 Physicians Lane #212 Rockville, Maryland 20850	and and											(a) and manner as stated.	
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Ralph V. Boccia M.D. 14808 Physicians Lane #212 Rockville, Maryland 20850	LIVE	2	00				D	2967	5	▶ s	epter	mber 25, 19	
SEP 26 90 Suna Sandra Rendell						Lane	#212	Rock	ville, Ma	rylar	nd 20	850	
	SEP 2	6 90	32. REGIST	ha Davidson	- Pande	00							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the after be field within 72 hours after death with the State Dept. of Health and Mantan DIVISION OF VITAL RECORDS,

period within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

The completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial isremation, or removal.

matte event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

12+1

DHMH-18 Rev 1/89

Les Sangel

2.16.19

90 27494

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENT	AL HYGIENE REG. NO.	30	21494	
	1. DECEDENT'S NAME (First, Middle, Last)	ett Lee	Bol	Nard			TE OF DEATH	90	AR 3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA			TE OF BIRTH onth, Day, Year)	8. B	SIRTHPLACE (State or Foreign Country)	
	577-01-1391	13∕0-)M 2 □ F	81 YRS.				3-21-09		Wash.,D.C.	
~	9a. FACILITY NAME (If not institution, give :			96. CITY, TOWN OR LOCATION OF DEATH					OF DEATH	
0	5801 Chris-Mar	Avenue		C1	inton			Р.	G.	
S	10a. STATE 10b. COUNT	Υ	10c. Cl	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
DIRECTOR	Ma.	P.G.		Clinto	n				1 TES 2 NO	
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	5801 Chris-Mar	Avenue		20735					ISA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISP , specify Cuban, Maxi			or No— 14.	RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES NO Spe		,		Specify:	
	15, DECEDENT'S EDU	JCATION	16a. DECEDENT'S	B USUAL OCCUP	ATION	16	ISb. KIND OF BUS	I INESS/INDUST	White	
13	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of	work done during use retired.)	most of working	- 10				
PL	9	0	P.B.X	. Insta	ller		CS.P	Phone	Company	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	AME (Fire	t, Middle, Maiden	Sumame)		
BE C	John C. Ballard				Josep	hine	e Hughes	3		
10	19a, INFORMANT'S NAME (Type/Print)		2000	CONTRACTOR OF THE PARTY OF THE	eet and Number or Run					
	Delores Atkins				Hill Dr.					
	20a. METHOD OF DISPOSITION Duriel 2 Cremation 3 Ran	moval from State	other place)		f cemetery, crematory of	,			or Town, State	
	4 Donation 5 Other (Specify)		Ft. Linc	oln Cen	etery E AND ADDRESS OF	FACILITY	Bre	ntwood	i,Md.	
	L John Strate Service S	1 loso		6633	Old Alex	rande	Lee Fur	r Road	iome, inc.	
	June 1	PC		Clir	ton, Mary	and	20735			
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	immediate Cause (Final disease or condition resulting in death) Onset and Deat									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	S A CONSEQUENCE	OF):						
2	CAUSE (Disease or Injury	c								
E	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE	OF):						
R		d								
CAL	PART II. Other algnificant condition	na contributing to daeth	but not resulting	In the under	lying cause given	In Part I.	, 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC.							1 YES 2	■110	COMPLETION OF CAUSE OF DEATH?	
MEDIC									1 YES 2 NO	
ä	-									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH					
IYS	1 P ES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	·		Home 5 Residence	-	ther (Specify) DESCRIBE HOW I	HIRV OCCUR	50	
	1 Natural 5 Pending	(Month, Day, Year		NJURY	WORK?	200.	DESCRIBE NOW !	NJOHT OCCUM	EU	
ВУ	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJU	JRY — At home, ferm					and Number or I	Rurel Route Number,	
TED	4 Homicide e Could not be determined	building, etc. (S	ipecify)			(City or Town, State)			
J.E	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kn	owledge, death occu	rred at the time.	data and place, and o	lus to the	cause(a) and mar	ner as stated.		
29e. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) at the course of the course of the cause of axamination and/or investigation, in my opinion, death occurred at the time, data and piece.									ause(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CEPTIN	ER)	2110		29c. LICENSE I	UMBER	_	29d. DATE SI	IGNED (Month, Day, Year)	
TO B	(Thaymas)	Jongue -	1410		121	13	0	19-	15-40	
F	HULLISTO PRODUCTION W	MO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	Cayb.	um Ch	a,	1 Sm	-ne.	20248	
	SEP 2 0 90	32 AEGISTRAR'S SI	IGNATURE		_		0			
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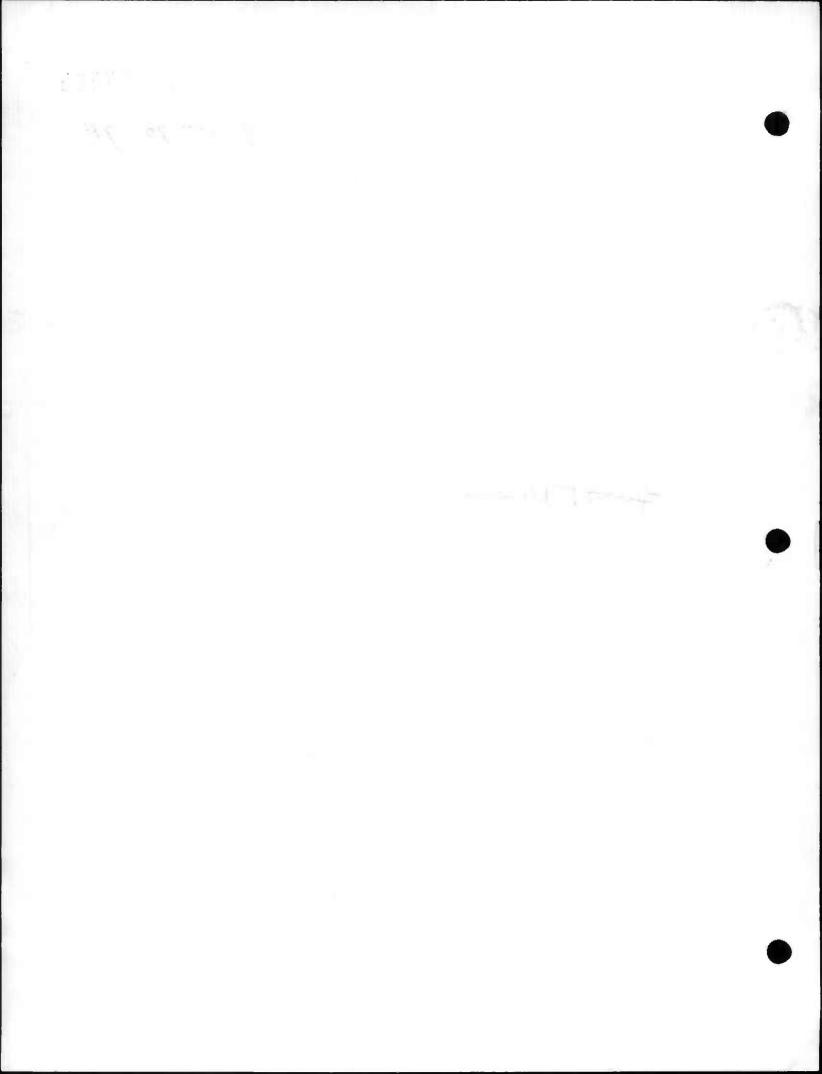
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Advis after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached far be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

unial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2

DHMH-16 Rev 1/89



notified at once.

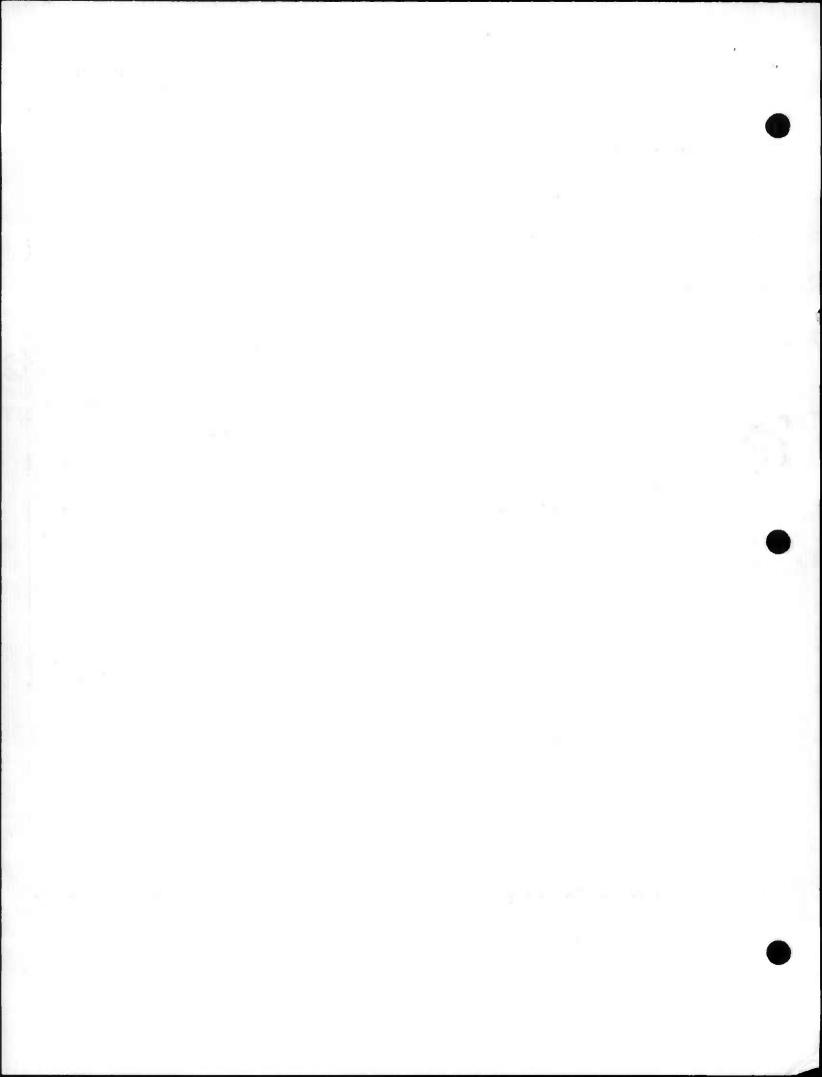
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מארו	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-curs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine
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ó	Within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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DIVISION OF VITAL RECORDS, T.O. BOA 13149,	The	ate h	Hel
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27495 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF STATE OF REGISTRAR	MARYLAND / DEPA CERTI	RTMENT OF H		ENTAL HYGIENI REG. NO.	90	21495				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	y YEAR	3. TIME OF DEATH				
	ROGER	LAMONT	BARN	ES SR.	9 22	90	1:00 A M				
	4. SOCIAL SECURITY NUMBER 6. SEX	6. AGE (in yrs. lest birthde)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	THPLACE (State or Foreign http)				
	216-60-1359 1 X M 2 □	F 37 YRS.	MONTHS DATE	HOOMS WIN.	JUNE 26,19	53 M	ARYLAND				
_	9e. FACILITY NAME (If not institution, give street end number)		96. CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY OF					
6	67-P-Hills Trailer CT		Lexi	ngton Par	k	St. Ma	ary's				
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. (ITY, TOWN OR LOCAT	ION			10d. INSIDE CITY				
DIRECTOR	MARYLAND ST. MARY	Z¹S	LEXINGTON	PARK			LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	187 AUSTRALIA DRIVE			20653		US	A				
5	11. MARITAL STATUS 12. WAS DECEI	DENT EVER IN U.S. ARMED		ENDENT OF HISPANIC	C ORIGIN? (Specify Yee	or No — 14. RAI	CE — American Indian, ick, White, atc.				
BYF		1XXYES 2 NO		2 NO Specify:	r derio modili, etc.)	0.73	BLACK				
	15. DECEDENT'S EDUCATION		T'S USUAL OCCUPATION	NM	16b. KIND OF BUS	INESS/INDISTRY	DLACK				
1	(Specify only highest grade completed)	(Give kind	of work done during mo	st of working	166. KIND OF BOS	III ESS/IIIDOSTAT					
2	Elementary/Secondery (0-12) College (1-4 o		ENTER		CONS	TRUCTION	N				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	E (First, Middle, Melden	Surname)					
BE C	CORBERT M. BARNES, JR.			MARGARE	ET E. GANT						
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street	nd Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)					
임	EVELYN G. PETERSON	4641	ROKEBY R	D., BALTI	MORE, MAR						
	20e, METHOD OF DISPOSITION 1	20b. PLACE OF DISI	POSITION (Name of centre) TER CLAVE	netery, crematory or		CATION — City or					
	4 Donetion 5 Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE LICENSEE	ST. PE		K ID ADDRESS OF FACI		DGE, MAI	RYLAND				
	21. SIGNATURBLE FONERAL SERVICE LICENSEE	1 10	BRINS	FIELD FUN	TERAL HOME	, P.A.					
	Edward D. Aus	fuld h-	P.O.	BOX 279,	LEONARDTO	WN, MD.	20650				
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one		o not antar tha mo	da of dying, auch	as cerdiac or reapi	retory arrest,	Approximate Intarval Between				
	IMMEDIATE CAUSE (Final	J					Onset and Death				
	disease or condition a. Stab Wound of Chest										
	DUE TO (OR AS A CONSEQUENCE OF):										
ON O	Sequentially list conditions, If any, leading to immediate										
CAT	ceuse. Enter UNDERLYING										
Ĕ	tuat luttated events	TO (OR AS A CONSEQUENCE	OF):								
E	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
LLI	resulting in dasth) LAST										
	PART II. Other significant conditions contributing) to death but not resulting	ng in the underlyin	g cauaa given in F			4b. WERE AUTOPSY FINDINGS				
AL	d) to death but not resulting	ng in tha undariyin	g cauaa given in F	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
AL	d	g to death but not resulting	ng in the underlyin	g cauaa given in F		MED?	AMILABLE PRIOR TO				
AL	d	g to death but not resulting	ng in the underlyin	g causa given in F	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AL	PART II. Other significant conditions contributing		26, P	g cauaa given in F	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AL	PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WXYES 2 NO 1 Inpution	2 ER/Outpetlent 3 DO	26, P OTHER: 4 Unursing Hor	LACE OF DEATH (Cho	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 1 Inpatient 26. MANNER OF DEATH 28. MANNER OF DEATH 28. MANNER OF MEDICAL (Mon	2 CER/Outpetient 3 DO	26. P OTHER: A A Nursing Hor TIME OF 28c. IN INJURY	LACE OF DEATH (Che	PERFOR	MED?	AARLABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO				
AL	PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WXYES 2 NO 1 Inpetient 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 28. DATI (Mon 9-2	2 ER/Outpetlent 3 DO; E OF INJURY 26b. 22-90 ear	26. P A 4 Nursing Hor TIME OF 26c. IN INJURY W LY AM 1	LACE OF DEATH (Cheno 6) NO 5 NO Residence (1) UNRY AT 19RK? YES 2 NO NO	PERFORM 1 N YES 2 ck only one) B Other (Specify) 2ed. DESCRIBE HOW Subject	NJURY OCCURED Was sta	ANALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? WX YES 2 NO 1 Inpettent 1 Netural 5 Pending Investigation 2 Accident 2 Suicide 1 Suicide 2 26e. PLA	2 CER/Outpetient 3 DO	26. P A 4 Nursing Hor TIME OF 26c. IN INJURY AM 1 m, street, factory, office	LACE OF DEATH (Cheno 6) NO 5 NO Residence (1) UNRY AT 19RK? YES 2 NO NO	ck only one) B Other (Specify) 26d. DESCRIBE HOW SUBject 26f. LOCATION (Street City or Town, State)	NJURY OCCURED Was sta	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO Abbed A Boute Number, 1 Ils Trailer				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 1 Inpatient 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	2 = ER/Outpetient 3 = DOI E OF INJURY 26b. 22-90 ear CE OF INJURY — At home, fer	26. P A 4 Nursing Hor TIME OF INJURY LY AM 1 m, street, fectory, office home	LACE OF DEATH (Che to 5 K) Reeldence (URRY AT URK? YES 2 K) NO	PERFORM 1 N YES 2 Ck only one) 8 Other (Specify) 26d. DESCRIBE HOW Subject 26f. LOCATION (Street City or Town, Stete) Ct., Lexin	NJURY OCCURED Was sta and Number or Run 67-P-H: gton Pk	AMARABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO Abbed A Route Number, Ills Trailer St. Mary's				
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WXYES 2 NO 1 Inpatient 26. DATI 1 Natural 5 Pending Investigation 2 Accident Investigation 9-2 Accident Investigation 9-2 EXXIVATION OF THE PROPERTY OF THE P	2 ER/Outpatient 3 DO/ E OF INJURY 28b. 22-90 ear CE OF INJURY — At home, for ding, etc. (Specify)	26. P A OTHER: A	LACE OF DEATH (Checker of S X) Reeldence (IURY AT PRK? YES 2 X NO	PERFORM 1 N YES 2 26d. DESCRIBE HOW Subject 26f. LOCATION (Street City or Town, State) Ct., LEXIT	NJURY OCCURED Was stand Number or Run 67-P-H: gton Pk	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO Abbed A Route Number, ills Trailer, St. Mary's Co., MD				
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WXYES 2 NO 1 Inpatient 26. DATI 1 Natural 5 Pending Investigation 2 Accident Investigation 9-2 Accident Investigation 9-2 EXXIVATION OF THE PROPERTY OF THE P	2 ER/Outpatient 3 DO/ E OF INJURY 28b. 22-90 ear CE OF INJURY — At home, for ding, etc. (Specify)	26. P A OTHER: A	LACE OF DEATH (Che 5 X) Recidence 10 5 X) Recidence 10 10 10 10 10 10 10 10 10 10 10 10 10 1	PERFORM 1 N YES 2 Ck only one) B Other (Specify) 2ed. DESCRIBE HOW I Subject 2ef. Location (Street City or Town, State) Ct. Lexin to the ceuse(e) and me	NJURY OCCURED WAS Sta and Number or Run 67-P-H: Gton Pk There es stated, and due to the cause 29d. DATE SIGN	AMARABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO Abbed A Route Number, ills Trailer, St. Mary's Co., MD e(a) and manner as stated. ED (Month, Day, Year)				
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 1 Inpatient 1 Netural 5 Pending Investigation 2 Accident 1 Certifying Physician: To the be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED Donald G. Wright, M.D.,	2 ER/Outpetient 3 DO E OF INJURY 29b. 22—90 Ear CE OF INJURY — At home, fer ding, etc. (Specify) est of my knowledge, death occ of examination and/or investig	26. P A 4 Nursing Hor TIME OF INJURY LY AM 1 D m, street, fectory, offin home curred at the time, data sation, in my opinion, Sype, Print) £ 111 F	LACE OF DEATH (Che 5 K) Residence (1) URY AT PRK? YES 2 K) NO se end place, end due to fauth occured at the to 29c. LICENSE NUM	PERFORM 1 N YES 2 Ck only one) B Other (Specify) 2ed. DESCRIBE HOW I Subject 2ef. Location (Street City or Town, State) Ct. Lexin to the ceuse(e) and me	NJURY OCCURED Was sta and Number or Run 67-P-H: gton Pk nner ee stated. ad due to the caus 29d. DATE SIGN 9-2	AMARABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 X YES 2 NO Abbed A Route Number, ills Trailer, St. Mary's Co., MD e(a) and manner as stated. ED (Month, Day, Year)				



DHMH-16 Rev 1/89



8. BIRTNPLACE (State or Foreign

VIRGINIA

915 p 11

2. DATE OF DEATH DAY SEPTEMBER 15, 1990

1895

7. DATE OF BIRTN
(Month, Day, Year)
JAN. 28,

LILA
4. SOCIAL SECURITY NUMBER

216-34-5296

YRS.

6. AGE (In yrs. last birthday)

95

VIVIAN

1 M 2 XF

5. SEX

BERRY

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

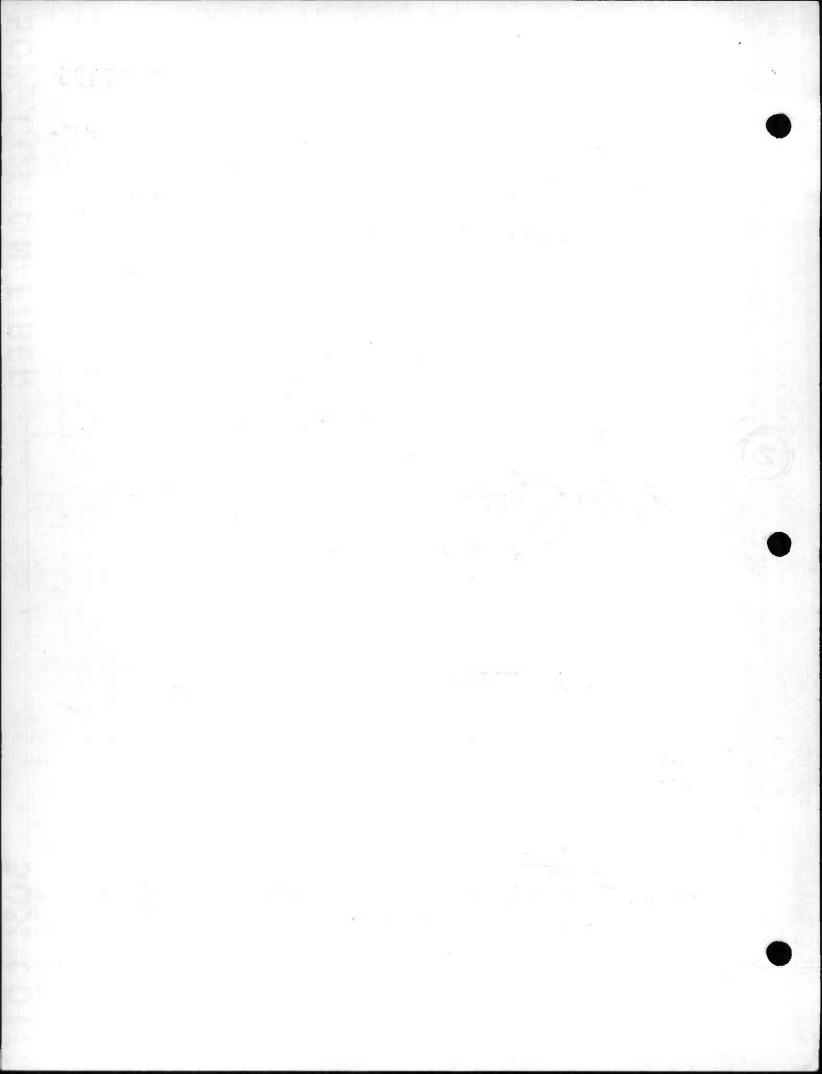
IF UNDER 1 YEAR

MONTHS

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Property of the hospital or attending physician.

6 In 1	AT HOME, 803 AS	SPEN LANE		CALIFOR	NIA		ST.	MARY'S	
DIRECTO	10a. STATE 10b. COUN	MARY'S		OWN OR LOCATION ALIFORNIA				10d. INSIDE CITY LIMITS? 1 YES 2 N	0
IERAL	100. STREET AND NUMBER 803 ASPEN LANI	Ξ		10f. ZIP CO	0619			S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECENOEN If yes, specify Co	T OF NISPANIC ORIG uban, Mexican, Puerto IO Specify:	ilN? (Specify Yea o Rican, etc.)		. RACE — American Indian Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 6 grade		16e. OECEDENT'S USU (Give kind of work life. Do NOT use rei HOUSEWI	done during most of wo ired.)	rking	sb. KIND OF BUS	ME	TRY	
BE	17. FATHER'S NAME (First, Middle, Last) CHARLES 19a. INFORMANT'S NAME (Type/Print)		DEAN 196. MAILING ADI		OTNER'S NAME (First LEN LEF ther or Flural Floute Nu.	E SCOR	SA	ode)	
2	HARRIET ELIZABET 200. METHOD OF DISPOSITION		803 A	SPEN LANE		-		D 20619 y or Town, Stata	
	1 Burial 2 XCremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	other place) LEE CREMA	TORY		CLI	NTON,	MARYLAND	
	21. SIGNATURE OF FUHERAL HERVICE	K. Larden	in	MATTINGL P.O. BOX				IOME, P.A. RYLAND 20)65
ERTIFICATION	23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, block, or heart failure. Liet only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other algnificent conditi	d.	but not resulting in t	he underlying ceus	e given in Pert I.		S AN AUTOPSY IFORMED? S 2 00 0 COMPLETION D OF DEATH? 1 YES 2		USE
SICIAN	28 MAS CASE REFERRED TO MEDICAL EARLY ER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:					
r PHY	27. Annual OF DEATH 5 Pending investigation	28a. DATE OF INJUR (Month, Day, Year	Y 26b. TIME O	Nursing Nome 5 Q F 28c. INJURY AT WORK? M 1 YES	28d, D	ESCRIBE NOW I	NJURY OCCU	RED	
TED B	3 Suitchile 6 Could not 1	28e. PLACE OF INJU building, atc. (S	IRY — At home, farm, atree (pecify)	eet, factory, office 28f. LOCATION (SI City or Town, S			Street and Number or Rural Route Number, State)		
COMPLET	the state of the s	YSICIAN: To the best of my kn							ited.
BE	/-	MAN COMPLETED CAUSE OF		29c. LICENSE NUMBER 28d. DATE SIGNED (Month, Day, Year) 9/16/90 29c. Print)					
5		M.D. LEO	NARDTOWN, M	ARYLAND					
	SEP 1 9 '90		Son-Randall						



must be notified at once.

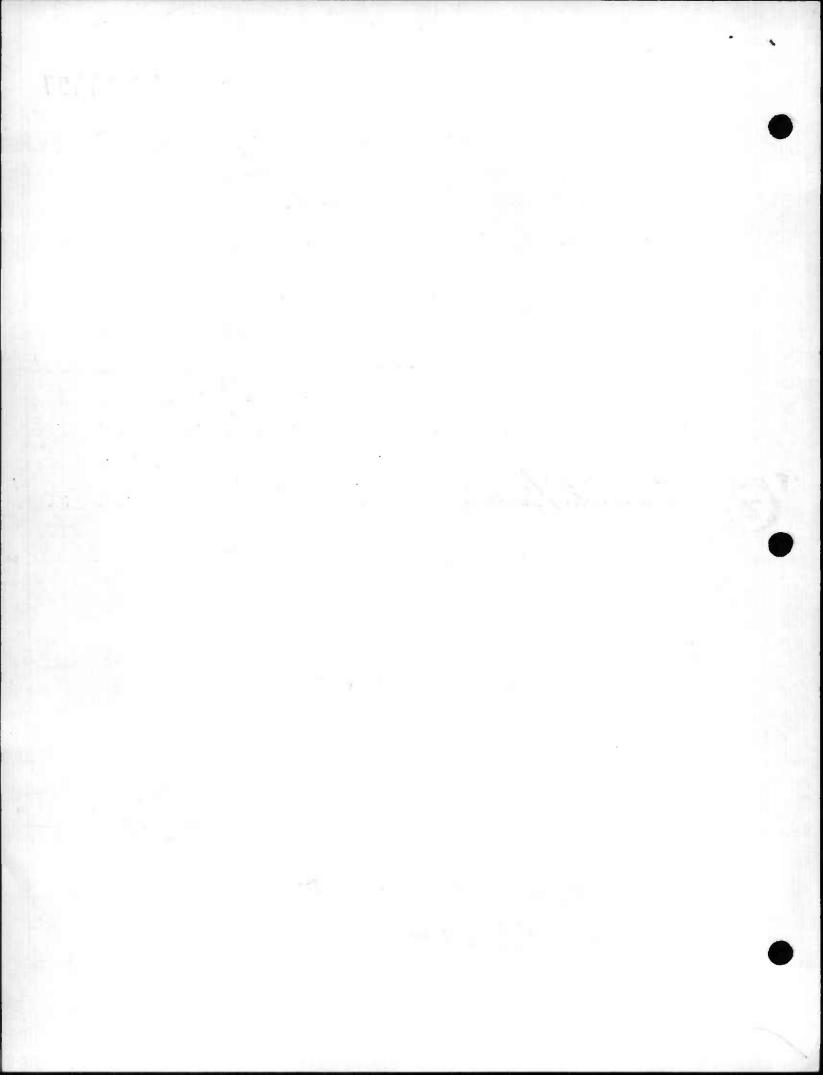
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burial, cremation, o	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygien	ANT	
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Youngsik-Moon,

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	O / DEPAR	TMENT OF I	REALTH AND	MENTAL HYGIEN REG. NO	_	0 27497			
	1. DECEDENT'S HAME (First, Middle, Last)						AY	3. TIME OF DEATH			
	SYLVIA	ELEANOR		CKMASTER		SEPT. 12,	1990	2:15 P M			
	213-01-5705	1 □ M 2 🔀 F 78	lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 25	1911	8. SIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	9a. FACHLITY HAME (If not institution, give street ST. MARY'S NURSING RESIDENCE OF DECEDENT			96. CITY, TOWN LEONAF	OR LOCATION OF DI	EATH	MARY S				
DIRECTOR	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCA	ТЮН			10d. INSIDE CITY			
		MARY'S	ME	CHANICS				1 YES 2 NO			
FUNERAL	100. STREET AND HUMBER 2175 BAPTIST CHURCI	H ROAD		10	1. ZIP CODE 20659		U.S	.A.			
COMPLETED BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IH U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2 NO If yes, specify Cuban, Mexica			an, Puerto Rican, etc.)	or Ho—	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	OH ost of working	18b. KIHD OF BU						
MP	8th GRADE		HOM								
	17. FATHER'S NAME (First, Middle, Last)	ZMA CITICAD				AME (First, Middle, Maiden					
BE	JOHN WESLEY BUCKMASTER 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
5	RAYMOND LEE MELVI							LLE, MD. 20659			
	20a. METHOD OF DISPOSITION 1 [X] Burial 2 Cremation 3 Remov 4 [] Donation 5 Other (Specify)	el from State oth	er place)	PEL CEME	metery, crematory or TERY			OD, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICEY Michael F.		RDINER FUN	ERAL							
	23. PART A. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory srrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition for condition for condition for condition for cause of cause o										
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events assulting in death) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions Paper ula Sense Din	contributing to deeth but in Albertae		In the underlying	e arth	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (C	heck only one)					
YSI	1 TES 2 NO	□ Inpatient 2 □ ER/Outpatier	nt 3 □ DOA		me 5 - Residence	8 Other (Specify)					
ВУ РН	27. MAHNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY W	JURY AT ORK? YES 2 HO	28d. DEŞCRIBE HOW	INJURY OCC	URED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — / building, etc. (Specify)	M home, ferm,	atreet, factory, offi	Ce Ce	281. LOCATION (Street City or Town, State		or Rural Route Number,			
COMPLETED	onel	AH: To the best of my knowledg On the basis of examination an						ed. e cause(a) and manner as stated.			
TO BE C	296. SIONATURE AND TITLE OF CERTIFIER	2 Moon	m.	8	29c, LICENSE HU	MBER D0917 8	29d. DATE	9/1319D			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLINE OF DEATH		0.1.0				7			

20636 Hollywood, MD

M.D. PO BOX 37

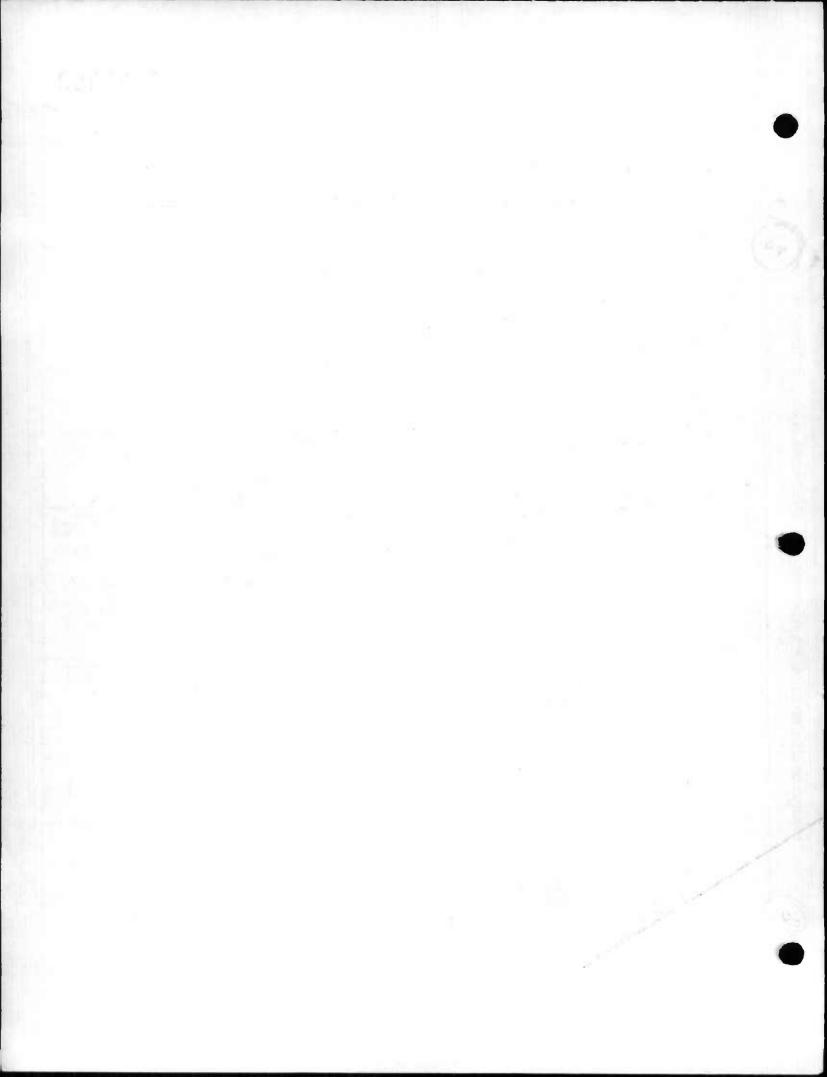


THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In flow ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	nedia inan		CLN	THICA	I L OF	DEA	III	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY		YEAR 3	. TIME OF DEATH
	Callia I. Bo	oston						Sent	1		200	9:45 AM
	Sallie L. B.	8. SEX	B. AGE (In yrs. lest bir	thday) IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH			ACE (State or Foreign
	578-48-4720	1 □ M 2√√ F	94	YRS. MONTH	8 DAYS	HOURS	MIN.	Month, Day	1 9 0 6		Country)	
			94						1090			
~	9a. FACILITY NAME (If not institution, give st	9b. C	ITY, TOWN	OR LOCATI	ON OF DE	ATH	- 1	9c. COUN	TY OF DEA	тн		
DIRECTOR	Leland Memor	R	Riverdale					Prince George's				
5										0		
8				Oc. CITY, TOW							1	0d. INSIDE CITY LIMITS?
	D.C.		W	lashin	shington ,D.C.						K J	YES 2 NO
¥	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	1229 Rock Creek	Ford H	Road			200	11		- 4	Unit	ed St	tates
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	T	3. WAS DE	ENDENT C	OF HISPAN	IC ORIGIN? (Sp	ecify Yes			- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1	YES 2XXNO		If yes, sp	octty Cubs	in, Mexican	n, Puerto Rican	, etc.)			
В	3 XXWidowed 4 Divorced	11 120, 0112 1	AR OR DATES		I 🖂 IES	2-110	Specify				Spec//y:	ack
0	15. DECEDENT'S EDUC	CATION	18a, DECED	ENT'S USUAI	OCCUPATI	ON		16b, KINI	OF BUSI	NESS/INDI	USTRY	
	(Specify only highest grade		We Do	and of work do NOT use retire	ne during me d.)	ast of working	ng					
7	Elementary/Secondary (0-12) 6th	College (1-4 or 5		tired	Domo	otio		ъ,	rivat	- 0		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Ne	tireu	Dome							
								ME (First, Middle	i, Maiden S	iurname)		
BE	Samuel Evans					Nan		Taylor				
2	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Street	and Number	r or Rural F	Route Number, C	ity or Town,	State, Zip	Code)	
-	Norma Stroud		S	Same a	s 10	e.						
	20e METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Rame		20b. PLACE OF	DISPOSITION	(Name of ce	metery, cren	matory or		20c. LOC	ATION C	City or Town	n, Stata
	4 Donation 5 Other (Specify)	over from State	Lincoln	Mem.	Ceme	tery			Suit	land	, Mary	yland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRE	SS OF FAC	CILITY				
	1	110-		- 11	=RA	ZIE	219	FUN	ER.	AL I	40 ~	三
	1.0.6	my to			380	PR	EA	AUA	SW	- W	HCH	1. DC -
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ons car	CUTE TABOLIC	CAN	OR	ESP.	IRA	TORY	AC	1005		Approximats Interval Between Onset and Daath 12 HRS
TION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CALLSE (Mesons to UN & A CONSEQUENCE OF): UROSEPSIS										12 HRS	
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disess or Injury that Initiated events resulting in death) LAST					12 HRS						
5		d										
	PART II. Other significant condition	s contributing to	daeth but not resu	ulting in the	underlylr	g cause	given in	Part I. 24a	. WAS AN			VERE AUTOPSY FINDINGS
5	HYPEROSMOLI	AR DE	HYDRAT	1011					PERFORI			WAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL								- 1	YES 2	NO NO		OF DEATH?
Σ	ACUTE RE	NALF	HILUNC					-			1	YES 2 NO
Ä												
ठे	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTI	28. P	LACE OF D	DEATH (Che	eck only one)				
S	1 TES 2 NO		☐ ER/Outpatient 3 ☐			ne 5 🗆 R	asidence	6 Other (Sp.	ecify)			
BY PHYSICIAN:	27. MANNER OF DEATH	28a. DATE Of (Month, I		8b. TIME OF INJURY		JURY AT		28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
≿	1 Netural 5 Pending 2 Accident investigation				1 0	YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — A1 home, etc. (Specify)	farm, street,	factory, offi	00		28f. LOCATIO	N (Street a)	nd Number	or Rural Ros	ute Number,
H	4 Homicide determined		, (,,					G., G.				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	I any baseula dan danth		. 41 4-4	in the state of						
M M	cont of my		examination and/or inve									
8	A MEDIONE EXAMINE	The bears of	A THE PARTY OF THE	augation, in t	ny opinion,	Beath occu	red at the	time, Geta and	prace, and	dun to in	e cause(s) i	and meriner as stered.
ш	29b. SIGNATURE AND TITLE OF CENTIFIE	V 0	1.4.4				ENSE NUM			29d. DATE	E SIGNED (Month, Day, Year)
9	skyllen C	pulato	, xun			D3	134	5			9113	190
5	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITEM 2									
	5632 ANNAPOL		SUITE	12	BLI	4DEA	USB	ura	140) 2	0710	
	31. DATE FILE HOTEL BY 90	Julia	Davidson-Ron	della								



933 North Carolina

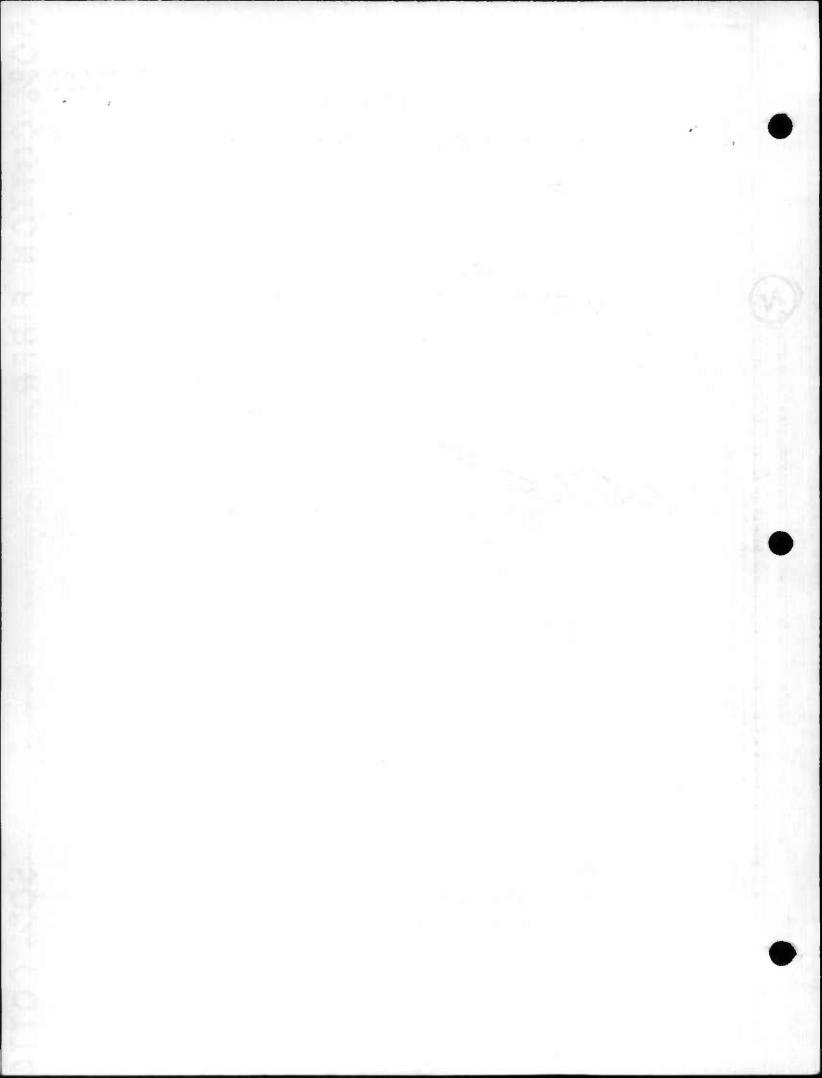
2015 M

Approximats Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet,		CERTIFIC	CATE	OF DEATH	REG. N	0.	3. TIME OF DEATH
	GRACIE	Tunil's	to t	no-	1-11	MONTH O	DAY &	EAR 2016
	4. SOCIAL SECURITY NUMBER	5. SEX B. AG	E (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7 7	BIRTHPLACE (State or Foreign
	212-34-5591	1 M 2 XF		-	AYS HOURS MIN.	(Month, Day, Year)		Country) North Carol
	9a. FACILITY NAME (If not institution, give			b. CITY. TO	OWN OR LOCATION OF		9c, COUNTY	
E	Union Hospita	l of Cecil			ton		Cec	
8	RESIDENCE OF DECEDENT							
DIRECTOR	10s, STATE 10b, COUN	тү		TOWN OR I				10d. INSIDE CITY LIMITS?
	Maryland Cec	il	El	kton	1			1 TYES ZO NO
¥	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
ij.	169 Shamrock				2192	21		.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2/C/Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 K NO	If ye		ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yea or No— 14	RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCU rk done duri retired.)	JPATION ng most of working	16b. KIND OF E	BUSINESS/INDUS	ТПУ
7	Elementary/Secondary (0-12)	College (1-4 or 8+) N/A	Home	make	r	Home	2	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Marie		AME (First, Middle, Maid		
-	John Dewitt	Stanley			Mar	y Jane 1	ilton	
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (S		al Route Number, City or 1		ode)
2	William Fred B	arton	169 8	hamr	ock La.	Elkton,	MD 2	1921
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPOSI				LOCATION - CIT	y or Town, State
	1 X Buriel 2 Cremetion 3 Red 4 Donation 8 Ottfer (Specify)	1	Worth Eas	t Me	thodist	Cem. No	orth E	ast, MD
	21. SIGNATURE OF THE HANGE PRINTER	ICENSEE			ME AND ADDRESS OF			
	> 1106/1-	0				neral Hon		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Theo Due to (or a Aleol	CITEBETAL IS A CONSEQUENCE OF IS A CONSEQUENCE OF IS A CONSEQUENCE OF)enia	led			Onset and De
CAL CE	PART II. Other significant condition	_	h but not resulting in	the unde	orlying cause given		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN
	_ arrho	sis liver					2 🗆 NO	COMPLETION OF CAUS OF DEATH?
MED	- Trans	ma.						1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Check only one)	-	
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	g Home 5 🗆 Residence	e 6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJUI (Month, Day, Yes	RY 26b. TIME	OF 28	Bc. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED
B₹	2 Accident Investigation				1 YES 2 NO			
ED	3 Suicide 8 Could not b	building, etc. (S	URY — At home, farm, st Specify)	reet, rectory	, office	City or Town, St.	et and Number of etc)	Rural Route Number,
	29a. CERTIFIER	/SICIAN: To the best of my kr						
OMPLET	(Check only	NER: On the basis of examina	ation and/or investigation	, in my opii	non, ceath occared at a			canae(a) and wanter as stated
TO BE COMPLET	(Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	hder.s			29c. LICENSE N	IUMBER 322		SIGNED (Month, Day, Year)

Like Davidson Randell



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o,	within
314	mondad
K	4
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7	done
0	4
2	office o
SECO.	- designation
-	-
4	É
ISION OF VITAL RECORDS, P.O. BOX 13146,	several professional That has examined the danch confidence by a danch confidence by
VISION	ATTENDATE.

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

27500 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 0 REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		WENTAL HYGIENE REG. NO.	90 2	1500
	1. DECEDENT'S NAME (First, Middle, Last)		6		2. DATE OF OEATH		TIME OF DEATH
	Gerald Rothb	urn Bramble				Y YEAR L2, 1990	5:46A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	in yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL Country)	ACE (State or Foreign
	215-36-0379 9a. FACILITY NAME (If not institution, give		1 YRS.	TOWN OR LOCATION OF DE	May 26,193		MD
DIRECTOR	Kent & Queen Anne	's Co. Hospi	tal INC. Che	stertown	Kent		
JIRE	MD Ken		Bettert			INSIDE CITY LIMITS? K YES 2 NO	
	10e. STREET AND NUMBER		1 20 0001 0	101. ZIP CODE		AT COUNTRY?	
IER.				21610		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Married Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO I	NAS DECENDENT OF HISPAN I yes, specify Cuban, Mexica YES TO NO Specify	n, Puerto Rican, etc.)	Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)	CCUPATION luring most of working	16b. KIND OF BUS		111111111111111111111111111111111111111
APL	unknown		Superviso	r	Genera	1 Motors	
SO	17. FATHER'S NAME (First, Middle, Last)			F-27 1-7 1-7 1-7 1-7 1-7 1-7 1-7 1-7 1-7 1-	ME (First, Middle, Maiden S		
BE (George R. Bramb	l.e			sie Passwa		
2	19a. INFORMANT'S NAME (Type/Print)	h.) a		(Street and Number or Rurel I	Route Number, City or Town	n, State, Zip Code)	
	Clayton G. Bram	titude and the second	Newark, D		200 100	CATION — City or Town	State
	1 Burial 2 Cremation 3 Real	noval from State	other place)	Cemetery	Mil	lington,	MD XXXX
	21. SIGNATURE OF FUNERAL SERVICE L	Fellow	I. Fe	name and address of fa llows Funera O W. Cypress	al Home		
TION	23. PART I. Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if eny, leading to immediate	a. DUE TO (OR AS A	ech line.	- Asy		eachy offer,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS a	a CONSEQUENCE OFF: anterio	z Mysca	erdial)	ufarction 36hr.	
N: MEDICAL	PART II. Other significent condition Recurren		out not resulting in the ur	terlying course given in	Part I. 24s. WAS AN PERFOR	IMED?	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ОТНЕ				
BY PHYSICIAN:	27. MANNER OF DEATH 1	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		— At home, farm, atreet, factory, office 28f. L			ite Number,
COMPLET	cont only	SICIAN: To the best of my know NER: On the basis of examination					and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC SOLUTION 30. NAME AND ADDRESS OF PERSON W	n yer	AND STEED TO THE PARTY	20c. LICENSE NUI		29d. DATE SIGNED (1	Aonth, Dey, Year) 2/90
	GEORGE M 31. OATE FILED (Month, Day, Year)	The second secon	KENT	and QUEE	HESTER	E'S HO TOWN	MD
20	SEP 14 '90		idson-Randell				

